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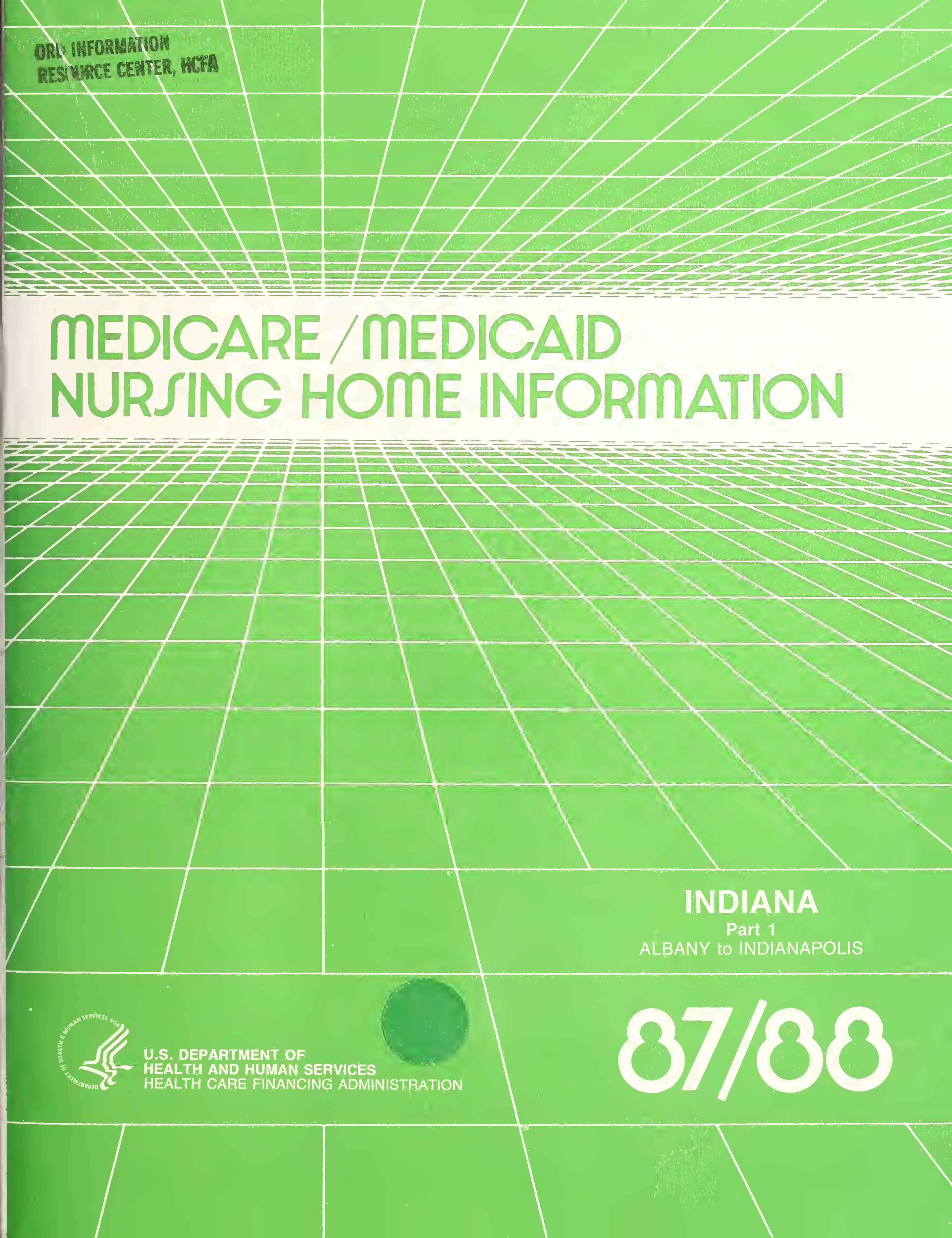
RESOURCE CENTER, HCFA



MEDICARE / MEDICAID NURSING HOME INFORMATION

INDIANA

Part 1
ALBANY to INDIANAPOLIS

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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1988
Indiana
Pt. 1

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

INDIANA

Part 1

ALBANY TO INDIANAPOLIS

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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Washington, DC 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

Page

Introduction I

Uses and Limitations II

Description of the Survey and Certification Process IV

Sources of Information V

Further Considerations XIII

Glossary of Terms XVI

How to Read the Information XVIII

Nursing Home Profiles 1

DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

ROBERT D. ORR, GOVERNOR
WOODROW A. MYERS, JR., M.D., STATE HEALTH COMMISSIONER

HOOSIER CELEBRATION '88

INDIANA STATE BOARD OF HEALTH
1330 WEST MICHIGAN STREET
P.O. BOX 1964
INDIANAPOLIS, IN 46206-1964

ISBH
INDIANA STATE BOARD OF HEALTH

AN EQUAL OPPORTUNITY EMPLOYER

Overview of Enforcement System

Since every nursing home must have a license before beginning operations and since the license must be renewed each year, the licensure process is a major enforcement tool. A facility which applies for licensure may be denied, may receive a provisional license, may receive a probationary license, or may receive a full license. In addition, when a probationary license is issued, "conditions" may be placed on the license. These conditions may require the facility to hire consultants or a "monitor". A monitor is an individual who makes a public report on the facility's continued ability to meet minimal standards.

The State Health Commissioner has the authority to determine when a "breach" of a rule has occurred and to then direct that a "citation" or fine be levied against a nursing home. These civil penalties may be levied against a nursing home whenever a breach has occurred, however, this tool is normally reserved for more serious problems where a penalty is warranted in order to deter future breaches.

Most nursing homes in Indiana are certified for either Medicare or Medicaid or both. If a facility is not in substantial compliance with the regulations governing these federal reimbursement programs, the certification (and thus the facility's ability to receive reimbursement for Medicare or Medicaid patients) may be withdrawn.

Overview of the Nursing Home Licensure Program

Every nursing home in Indiana must receive a license from the Indiana State Board of Health before beginning operations. The Indiana Health Facilities council makes recommendations on licensure actions to the Indiana State Board of Health.

The Indiana Health Facilities Council and the Indiana State Board of Health have joint authority to approve "administrative rules" which serve as minimum standards, which nursing homes must meet in order to maintain a license.

"The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."

The Indiana State Board of Health inspects all licensed facilities at least annually and investigates all complaints filed against nursing homes. The results of these inspections are considered when licensure decisions are made.

Meetings of both the Indiana Health Facilities Council and the Indiana State Board of Health are open to the public. In addition, the results of the inspections and complaint investigations are open to the public. Additional information on the dates of meetings, the content of official files, etc. is available by contacting the Indiana State Board of Health, Division of Health Facilities, 1330 West Michigan Street, Indianapolis, Indiana 46206-1964, telephone number (317)633-8442).

Resources Available to Consumers

Each of the following Indiana State agencies serves as a resource to consumers. Anyone seeking additional information or wanting to file a complaint should contact one of these agencies.

Indiana State Board of Health
Division of Health Facilities
1330 West Michigan Street
Indianapolis, IN 46206
317/633-8442

State Ombudsman
11th Floor Consolidated Building
115 North Pennsylvania Street
Indianapolis, IN 46204
317/232-7134
1-800/622-4484

Adult Protective Services
Indiana Department of Human Services
251 North Illinois Street
Indianapolis, IN 46207
317/232-0135
1-800/992-6978

Medicaid Fraud Unit
125 West Market Street
Indianapolis, IN 46204
317/232-6520
1-800/382-1039

Consumer Protection Division
Office of the Attorney General
Room 125, State House
Indianapolis, IN 46204-2794
317/232-6330

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

<table>
<tr><td colspan="2">Street Address:</td><td colspan="2">City and State:</td></tr>
<tr><td>Participation:</td><td># of Beds:</td><td>Type of Ownership:</td><td>Survey Date:</td></tr>
</table>

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ALBANY NURS CARE INC

Street Address: 910 W WALNUT ST	**City and State:** ALBANY IN 47320

Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	74.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	72	74.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	69.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	56.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	10	10.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	40.2	26.9	29.3
Completely bedfast residents.	1	1.0	1.1	3.6
Residents confined to chairs.	60	61.9	37.1	39.1
Residents requiring restraints.	50	51.5	30.8	31.7
Confused or disoriented residents.	55	56.7	52.2	55.8
Residents with bed sores.	7	7.2	4.4	4.7
Residents receiving special skin care.	64	66.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALEXANDRIA CONVVALESCENT CENTER INC

Street Address: STATE ROAD 9 SOUTH P O BOX 209		**City and State:** ALEXANDRIA IN 46001	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	43.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	57.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	35.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	43.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	37.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	8	12.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	17.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	18.8	37.1	39.1
Residents requiring restraints.	12	18.8	30.8	31.7
Confused or disoriented residents.	19	29.7	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	19	29.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE WILLOWS NURSING HOME

Street Address: R R #4 BOX 220		**City and State:** ALEXANDRIA IN 46001	
Participation: MEDICAID ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	94.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	74.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	82.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	61.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	51.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	19	48.7	37.1	39.1
Residents requiring restraints.	9	23.1	30.8	31.7
Confused or disoriented residents.	37	94.9	52.2	55.8
Residents with bed sores.	3	7.7	4.4	4.7
Residents receiving special skin care.	10	25.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA FAMILY TREE HEALTHCARE CTR

Street Address: 1112 MONTICELLO DR		**City and State:** ANDERSON IN 46011	
Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	45	43.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	38.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	35.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	29.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	25	24.3	37.1	39.1
Residents requiring restraints.	14	13.6	30.8	31.7
Confused or disoriented residents.	28	27.2	52.2	55.8
Residents with bed sores.	7	6.8	4.4	4.7
Residents receiving special skin care.	8	7.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CTR OF ANDERSON

Street Address: 1345 NORTH MADISON AVENUE	**City and State:** ANDERSON IN 46011

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 2	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	83.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	102	91.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	95	85.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	82.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	80.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	49.5	32.5	37.7
Completely bedfast residents.	5	4.5	2.3	3.4
Residents confined to chairs.	92	82.9	47.1	50.8
Residents requiring restraints.	65	58.6	36.5	41.3
Confused or disoriented residents.	66	59.5	52.1	58.4
Residents with bed sores.	15	13.5	6.9	7.1
Residents receiving special skin care.	13	11.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANDERSON HEALTHCARE CENTER

Street Address: 1809 N MADISON AVE		**City and State:** ANDERSON IN 46012	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 175	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	89.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	97	80.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	97	80.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	71.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	15	12.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	49.2	32.5	37.7
Completely bedfast residents.	3	2.5	2.3	3.4
Residents confined to chairs.	65	54.2	47.1	50.8
Residents requiring restraints.	36	30.0	36.5	41.3
Confused or disoriented residents.	52	43.3	52.1	58.4
Residents with bed sores.	8	6.7	6.9	7.1
Residents receiving special skin care.	23	19.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CARE CENTER OF ANDERSON

Street Address: 1235 WEST CROSS STREET		**City and State:** ANDERSON IN 46012	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	94.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	58	86.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	57	85.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	88.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	62.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	34.3	32.5	37.7
Completely bedfast residents.	2	3.0	2.3	3.4
Residents confined to chairs.	33	49.3	47.1	50.8
Residents requiring restraints.	23	34.3	36.5	41.3
Confused or disoriented residents.	29	43.3	52.1	58.4
Residents with bed sores.	3	4.5	6.9	7.1
Residents receiving special skin care.	26	38.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE MANOR HEALTH CARE CTR INC

Street Address: 205 MARINE DRIVE	**City and State:** ANDERSON IN 46014

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	81.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	97	83.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	89	76.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	93.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	45.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	24.1	32.5	37.7
Completely bedfast residents.	3	2.6	2.3	3.4
Residents confined to chairs.	33	28.4	47.1	50.8
Residents requiring restraints.	31	26.7	36.5	41.3
Confused or disoriented residents.	45	38.8	52.1	58.4
Residents with bed sores.	1	0.9	6.9	7.1
Residents receiving special skin care.	45	38.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOBLE NURSING HOME

Street Address: 332 WEST 11TH STREET		**City and State:** ANDERSON IN 46016	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	78.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	10	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	50.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	42.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	35.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	7.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	21.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	21.4	37.1	39.1
Residents requiring restraints.	0	0.0	30.8	31.7
Confused or disoriented residents.	10	71.4	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	1	7.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROLLING HILLS CONV CENTER

Street Address: 1821 LINDBERG RD	**City and State:** ANDERSON IN 46012

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	72.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	65	89.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	67.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	68.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	69.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	9	12.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	50	68.5	47.1	50.8
Residents requiring restraints.	34	46.6	36.5	41.3
Confused or disoriented residents.	42	57.5	52.1	58.4
Residents with bed sores.	3	4.1	6.9	7.1
Residents receiving special skin care.	73	100	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS CONTINUING CARE CENTER

Street Address: 2015 JACKSON STREETR	**City and State:** ANDERSON IN 46014

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 29	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 6	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	75.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	19	95.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	19	95.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	90.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	75.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	30.0	32.5	37.7
Completely bedfast residents.	2	10.0	2.3	3.4
Residents confined to chairs.	5	25.0	47.1	50.8
Residents requiring restraints.	3	15.0	36.5	41.3
Confused or disoriented residents.	11	55.0	52.1	58.4
Residents with bed sores.	2	10.0	6.9	7.1
Residents receiving special skin care.	13	65.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGOLA NURSING HOME

Street Address: 600 N WILLIAMS ST	**City and State:** ANGOLA IN 46703

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	68.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	17	68.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	52.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	24.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	8.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	32.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	6	24.0	37.1	39.1
Residents requiring restraints.	6	24.0	30.8	31.7
Confused or disoriented residents.	3	12.0	52.2	55.8
Residents with bed sores.	1	4.0	4.4	4.7
Residents receiving special skin care.	4	16.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLIN PARK HEALTHCRE CENTER

Street Address: 516 N WILLIAMS STREET	**City and State:** ANGOLA IN 46703

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	78.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	59	72.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	51.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	58.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	42.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	28.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	24	29.3	37.1	39.1
Residents requiring restraints.	13	15.9	30.8	31.7
Confused or disoriented residents.	42	51.2	52.2	55.8
Residents with bed sores.	11	13.4	4.4	4.7
Residents receiving special skin care.	15	18.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND NURSING CENTER

Street Address: 500 N WILLIAMS ST	**City and State:** ANGOLA IN 46703

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	81.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	72.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	58.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	49.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	43.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	20	36.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	32	58.2	37.1	39.1
Residents requiring restraints.	13	23.6	30.8	31.7
Confused or disoriented residents.	25	45.5	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	6	10.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON HEIGHTS HEALTH CTR

Street Address: 706 WEST MAIN STREET	**City and State:** ARCADIA IN 46030

Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 0	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	84.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	105	79.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	59	44.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	31.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	49.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	51	38.6	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	25.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	38	28.8	37.1	39.1
Residents requiring restraints.	18	13.6	30.8	31.7
Confused or disoriented residents.	46	34.8	52.2	55.8
Residents with bed sores.	1	0.8	4.4	4.7
Residents receiving special skin care.	57	43.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND MANOR NURSING CENTER

Street Address: P O BOX 166		**City and State:** ATTICA IN 47918	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	64.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	36	72.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	62.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	64.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.0	26.9	29.3
Completely bedfast residents.	1	2.0	1.1	3.6
Residents confined to chairs.	25	50.0	37.1	39.1
Residents requiring restraints.	17	34.0	30.8	31.7
Confused or disoriented residents.	23	46.0	52.2	55.8
Residents with bed sores.	2	4.0	4.4	4.7
Residents receiving special skin care.	7	14.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETZ NURSING HOME

Street Address: 3009 CR 38	**City and State:** AUBURN IN 46706

Participation: MEDICAID ICF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	71.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	106	73.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	87	60.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	56.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	44.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	18.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	44	30.6	37.1	39.1
Residents requiring restraints.	14	9.7	30.8	31.7
Confused or disoriented residents.	70	48.6	52.2	55.8
Residents with bed sores.	13	9.0	4.4	4.7
Residents receiving special skin care.	24	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLEN OAKS N H

Street Address: 1313 E SEVENTH ST	**City and State:** AUBURN IN 46706

Participation: MEDICAID ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	92.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	60.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	55.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	42.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	60.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	30.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	24	38.1	37.1	39.1
Residents requiring restraints.	16	25.4	30.8	31.7
Confused or disoriented residents.	55	87.3	52.2	55.8
Residents with bed sores.	1	1.6	4.4	4.7
Residents receiving special skin care.	27	42.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRED HEART HOME

Street Address: STATE ROAD 3		**City and State:** AVILLA IN 46710	
Participation: MEDICAID ICF	**# of Beds:** 133	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	92.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	98	77.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	76	59.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	59.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	40.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	18.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	44	34.6	37.1	39.1
Residents requiring restraints.	27	21.3	30.8	31.7
Confused or disoriented residents.	65	51.2	52.2	55.8
Residents with bed sores.	8	6.3	4.4	4.7
Residents receiving special skin care.	44	34.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DREYERHAUS NURSING HOME

Street Address: 958 EAST HIGHWAY 46	**City and State:** BATESVILLE IN 47006

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 3	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	74.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	104	79.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	82	62.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	55.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	55.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	49	37.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	26.0	32.5	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	29	22.1	47.1	50.8
Residents requiring restraints.	60	45.8	36.5	41.3
Confused or disoriented residents.	76	58.0	52.1	58.4
Residents with bed sores.	79	60.3	6.9	7.1
Residents receiving special skin care.	24	18.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEDFORD NURSING HOME

Street Address:	City and State:
514 EAST 16TH STREET	BEDFORD IN 47421

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	40	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	67.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	20	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	53.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	53.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	39.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	9	32.1	37.1	39.1
Residents requiring restraints.	7	25.0	30.8	31.7
Confused or disoriented residents.	14	50.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	28	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HOUSE

Street Address: 2111 NORTON LANE	**City and State:** BEDFORD IN 47421

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 247	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	**Medicare Residents:** 2	**Medicaid Residents:** 159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	174	91.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	175	92.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	152	80.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	77.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	152	80.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	42.6	32.5	37.7
Completely bedfast residents.	1	0.5	2.3	3.4
Residents confined to chairs.	109	57.4	47.1	50.8
Residents requiring restraints.	128	67.4	36.5	41.3
Confused or disoriented residents.	137	72.1	52.1	58.4
Residents with bed sores.	3	1.6	6.9	7.1
Residents receiving special skin care.	71	37.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTVIEW MANOR HEALTH CARE CENTER

Street Address: 1510 CLINIC DRIVE	**City and State:** BEDFORD IN 47421

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 1	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	70.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	89	81.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	68	62.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	85.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	63.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	4.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	74	67.9	47.1	50.8
Residents requiring restraints.	60	55.0	36.5	41.3
Confused or disoriented residents.	71	65.1	52.1	58.4
Residents with bed sores.	6	5.5	6.9	7.1
Residents receiving special skin care.	32	29.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEECH GROVE HLTHCARE CT

Street Address:
2002 ALBANY AVE

City and State:
BEECH GROVE IN 46107

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
199

Type of Ownership:
PROPRIETARY

Survey Date:
03/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
142

Medicare Residents:
4

Medicaid Residents:
113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	84.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	103	72.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	92	64.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	70.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	62.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	20.4	32.5	37.7
Completely bedfast residents.	2	1.4	2.3	3.4
Residents confined to chairs.	82	57.7	47.1	50.8
Residents requiring restraints.	60	42.3	36.5	41.3
Confused or disoriented residents.	86	60.6	52.1	58.4
Residents with bed sores.	11	7.7	6.9	7.1
Residents receiving special skin care.	37	26.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAUL HERMITAGE

Street Address: 501 N 17TH AVE		**City and State:** BEECH GROVE IN 46107	
Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	83.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	78.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	74.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	18	38.3	37.1	39.1
Residents requiring restraints.	17	36.2	30.8	31.7
Confused or disoriented residents.	13	27.7	52.2	55.8
Residents with bed sores.	2	4.3	4.4	4.7
Residents receiving special skin care.	17	36.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHALET VILLAGE

Street Address: 1065 PARKWAY STREET	**City and State:** BERNE IN 46711

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	74.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	35	64.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	53.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	55.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	15	27.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	13.0	26.9	29.3
Completely bedfast residents.	1	1.9	1.1	3.6
Residents confined to chairs.	12	22.2	37.1	39.1
Residents requiring restraints.	5	9.3	30.8	31.7
Confused or disoriented residents.	20	37.0	52.2	55.8
Residents with bed sores.	2	3.7	4.4	4.7
Residents receiving special skin care.	5	9.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWISS VILLAGE INC

Street Address: WEST MAIN STREET	**City and State:** BERNE IN 46711

Participation: MEDICAID ICF	**# of Beds:** 243	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	64.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	87	87.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	69	69.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	9	9.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	42.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	45	45.5	37.1	39.1
Residents requiring restraints.	37	37.4	30.8	31.7
Confused or disoriented residents.	50	50.5	52.2	55.8
Residents with bed sores.	8	8.1	4.4	4.7
Residents receiving special skin care.	8	8.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BICKNELL HEALTH CARE CENTER

Street Address: 204 W THIRD STREET PO BOX 244		**City and State:** BICKNELL IN 47512	
Participation: MEDICAID ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	74.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	56.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	74.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	74.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	71.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	7	17.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	53.8	37.1	39.1
Residents requiring restraints.	3	7.7	30.8	31.7
Confused or disoriented residents.	33	84.6	52.2	55.8
Residents with bed sores.	4	10.3	4.4	4.7
Residents receiving special skin care.	27	69.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMFIELD HEALTH CARE CTR

Street Address: 150 N SEMINARY ST	**City and State:** BLOOMFIELD IN 47424

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	45.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	63.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	56.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	54.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	32.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	4.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	28.3	37.1	39.1
Residents requiring restraints.	12	26.1	30.8	31.7
Confused or disoriented residents.	14	30.4	52.2	55.8
Residents with bed sores.	3	6.5	4.4	4.7
Residents receiving special skin care.	4	8.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMINGTON CONVALESCENT CENTER

Street Address: 714 SOUTH ROGERS STREET		**City and State:** BLOOMINGTON IN 47401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	7	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	84.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	148	94.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	137	87.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	81.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	75.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	41.4	32.5	37.7
Completely bedfast residents.	10	6.4	2.3	3.4
Residents confined to chairs.	109	69.4	47.1	50.8
Residents requiring restraints.	43	27.4	36.5	41.3
Confused or disoriented residents.	141	89.8	52.1	58.4
Residents with bed sores.	8	5.1	6.9	7.1
Residents receiving special skin care.	93	59.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMINGTON NURSING HOME

Street Address: 120 MILLER DRIVE		**City and State:** BLOOMINGTON IN 47401	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	68.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	74.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	74.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	74.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	85.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.3	26.9	29.3
Completely bedfast residents.	2	5.7	1.1	3.6
Residents confined to chairs.	18	51.4	37.1	39.1
Residents requiring restraints.	9	25.7	30.8	31.7
Confused or disoriented residents.	24	68.6	52.2	55.8
Residents with bed sores.	3	8.6	4.4	4.7
Residents receiving special skin care.	13	37.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FONTANBLEU NURSING CENTER

Street Address: 3305 SOUTH HIGHWAY 37	**City and State:** BLOOMINGTON IN 47401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 0	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	79.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	114	74.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	101	66.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	64.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	65.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	26.1	32.5	37.7
Completely bedfast residents.	5	3.3	2.3	3.4
Residents confined to chairs.	68	44.4	47.1	50.8
Residents requiring restraints.	62	40.5	36.5	41.3
Confused or disoriented residents.	90	58.8	52.1	58.4
Residents with bed sores.	19	12.4	6.9	7.1
Residents receiving special skin care.	55	35.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HOUSE INC

Street Address: 1100 SOUTH CURRY PIKE, PO BOX 427	**City and State:** BLOOMINGTON IN 47401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 2	**Medicaid Residents:** 118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	62.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	116	69.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	103	61.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	61.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	51.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	23.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	62	36.9	47.1	50.8
Residents requiring restraints.	65	38.7	36.5	41.3
Confused or disoriented residents.	87	51.8	52.1	58.4
Residents with bed sores.	8	4.8	6.9	7.1
Residents receiving special skin care.	70	41.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWOOD HEALTH CENTER

Street Address: 2455 TAMARACK TRAIL

City and State: BLOOMINGTON IN 47401

Participation: MEDICARE SNF

# of Beds: 39

Type of Ownership: NON-PROFIT OTHER

Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22

Medicare Residents: 1

Medicaid Residents: 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	86.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	21	95.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	19	86.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	86.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	81.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	31.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	6	27.3	47.1	50.8
Residents requiring restraints.	11	50.0	36.5	41.3
Confused or disoriented residents.	11	50.0	52.1	58.4
Residents with bed sores.	1	4.5	6.9	7.1
Residents receiving special skin care.	3	13.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOPER COMMUNITY CARE CENTERS INC

Street Address: 1509 NORTH MAIN STREET	**City and State:** BLUFFTON IN 46714

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	79.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	33	76.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	31	72.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	74.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	74.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	32.6	32.5	37.7
Completely bedfast residents.	1	2.3	2.3	3.4
Residents confined to chairs.	10	23.3	47.1	50.8
Residents requiring restraints.	23	53.5	36.5	41.3
Confused or disoriented residents.	35	81.4	52.1	58.4
Residents with bed sores.	4	9.3	6.9	7.1
Residents receiving special skin care.	31	72.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWVALE SKILLED CARE CTR

Street Address: 1529 W LANCASTER STREET	**City and State:** BLUFFTON IN 46714

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	85.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	97	85.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	94	83.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	85.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	76.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	2.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	32.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	30	26.5	37.1	39.1
Residents requiring restraints.	45	39.8	30.8	31.7
Confused or disoriented residents.	64	56.6	52.2	55.8
Residents with bed sores.	4	3.5	4.4	4.7
Residents receiving special skin care.	4	3.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST HAVEN HEALTH CARE

Street Address: 1001 SOUTH CLARK STREET	**City and State:** BLUFFTON IN 46714

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	64.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	56.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	48.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	44.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	4.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	28.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	7	28.0	37.1	39.1
Residents requiring restraints.	5	20.0	30.8	31.7
Confused or disoriented residents.	15	60.0	52.2	55.8
Residents with bed sores.	3	12.0	4.4	4.7
Residents receiving special skin care.	7	28.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAKERS REST HAVEN

Street Address: 305 E NORTH ST	**City and State:** BOONVILLE IN 47601

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	69.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	44.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	67.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	64.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	41.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	35	62.5	37.1	39.1
Residents requiring restraints.	26	46.4	30.8	31.7
Confused or disoriented residents.	27	48.2	52.2	55.8
Residents with bed sores.	3	5.4	4.4	4.7
Residents receiving special skin care.	17	30.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOONVILLE CONVALESCENT CENTER

Street Address: 725 SOUTH SECOND STREET		**City and State:** BOONVILLE IN 47601	
Participation: MEDICAID ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	79	79.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	64	64.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	72.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	64.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	2.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	32.3	26.9	29.3
Completely bedfast residents.	1	1.0	1.1	3.6
Residents confined to chairs.	30	30.3	37.1	39.1
Residents requiring restraints.	26	26.3	30.8	31.7
Confused or disoriented residents.	43	43.4	52.2	55.8
Residents with bed sores.	1	1.0	4.4	4.7
Residents receiving special skin care.	28	28.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAY COUNTY HEALTH CENTER INC

Street Address: 1408 EAST HENDRIX STREET	**City and State:** BRAZIL IN 47834

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 31	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	66.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	75	86.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	69	79.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	50.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	24.1	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	25	28.7	47.1	50.8
Residents requiring restraints.	39	44.8	36.5	41.3
Confused or disoriented residents.	64	73.6	52.1	58.4
Residents with bed sores.	1	1.1	6.9	7.1
Residents receiving special skin care.	18	20.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILL HEALTH CARE FACILITY

Street Address: 110 SOUTH MURPHY BOX 130	**City and State:** BRAZIL IN 47834

Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	97.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	53	75.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	56	80.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	87.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	80.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	44.3	26.9	29.3
Completely bedfast residents.	2	2.9	1.1	3.6
Residents confined to chairs.	36	51.4	37.1	39.1
Residents requiring restraints.	14	20.0	30.8	31.7
Confused or disoriented residents.	40	57.1	52.2	55.8
Residents with bed sores.	3	4.3	4.4	4.7
Residents receiving special skin care.	2	2.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BREMEN HEALTH CARE CENTER

Street Address: 316 WOODIES LANE		**City and State:** BREMEN IN 46506	
Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	71.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	52	65.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	56.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	52.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	48.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	38	47.5	37.1	39.1
Residents requiring restraints.	19	23.7	30.8	31.7
Confused or disoriented residents.	43	53.7	52.2	55.8
Residents with bed sores.	5	6.3	4.4	4.7
Residents receiving special skin care.	9	11.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGE ADE EXTENDED CARE FACILITY

Street Address: RR 2, BOX 156	**City and State:** BROOK IN 47922

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	73.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	73.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	68.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	63.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	52.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	57.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	26.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	7	36.8	37.1	39.1
Residents requiring restraints.	5	26.3	30.8	31.7
Confused or disoriented residents.	7	36.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	4	21.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELSIE DREYER NURSING HOME

Street Address: 273 MAIN ST	**City and State:** BROOKVILLE IN 47012

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 0	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	4	80.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	80.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	60.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	40.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	40.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	0	0.0	37.1	39.1
Residents requiring restraints.	0	0.0	30.8	31.7
Confused or disoriented residents.	5	100	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	1	20.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELSIE DREYER NURSING HOME II

Street Address: 11049 STATE ROAD 101	**City and State:** BROOKVILLE IN 47012

Participation: MEDICAID ICF	**# of Beds:** 103	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	44.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	42	61.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	44.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	44.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	60.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	19.1	26.9	29.3
Completely bedfast residents.	1	1.5	1.1	3.6
Residents confined to chairs.	28	41.2	37.1	39.1
Residents requiring restraints.	29	42.6	30.8	31.7
Confused or disoriented residents.	8	11.8	52.2	55.8
Residents with bed sores.	5	7.4	4.4	4.7
Residents receiving special skin care.	33	48.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN CARE OF BROWNSBURG

Street Address: HORNADAY RD PO BOX 276	**City and State:** BROWNSBURG IN 46112

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 1	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	83.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	91	68.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	83	62.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	64.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	55.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	31.8	32.5	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	51	38.6	47.1	50.8
Residents requiring restraints.	25	18.9	36.5	41.3
Confused or disoriented residents.	91	68.9	52.1	58.4
Residents with bed sores.	8	6.1	6.9	7.1
Residents receiving special skin care.	24	18.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOOSIER CHRISTIAN VILLAGE

Street Address: 621 SOUTH SUGAR STREET		**City and State:** BROWNSTOWN IN 47220	
Participation: MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	75.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	76	82.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	75	81.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	81.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	77.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	27.2	32.5	37.7
Completely bedfast residents.	3	3.3	2.3	3.4
Residents confined to chairs.	70	76.1	47.1	50.8
Residents requiring restraints.	47	51.1	36.5	41.3
Confused or disoriented residents.	55	59.8	52.1	58.4
Residents with bed sores.	4	4.3	6.9	7.1
Residents receiving special skin care.	32	34.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUTLER HEALTH CARE CENTER INC

Street Address: 117 SOUTH BROADWAY STREET		**City and State:** BUTLER IN 46721	
Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	30.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	13	39.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	24.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	30.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	33.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	33.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	9.1	37.1	39.1
Residents requiring restraints.	3	9.1	30.8	31.7
Confused or disoriented residents.	23	69.7	52.2	55.8
Residents with bed sores.	1	3.0	4.4	4.7
Residents receiving special skin care.	9	27.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWHAVEN HEALTHCARE CENTER

Street Address: 300 WEST LIBERTY STREET PO BOX 399	**City and State:** BUTLER IN 46721

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
68	2	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	60.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	47	69.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	72.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	72.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	54.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	32.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	24	35.3	47.1	50.8
Residents requiring restraints.	18	26.5	36.5	41.3
Confused or disoriented residents.	22	32.4	52.1	58.4
Residents with bed sores.	4	5.9	6.9	7.1
Residents receiving special skin care.	11	16.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARMEL CARE CENTER

Street Address: 118 MEDICAL DRIVE	**City and State:** CARMEL IN 46032

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 262	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 211	**Medicare Residents:** 2	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	191	90.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	170	80.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	144	68.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	73.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	63.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	2.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	27.0	32.5	37.7
Completely bedfast residents.	5	2.4	2.3	3.4
Residents confined to chairs.	74	35.1	47.1	50.8
Residents requiring restraints.	86	40.8	36.5	41.3
Confused or disoriented residents.	99	46.9	52.1	58.4
Residents with bed sores.	15	7.1	6.9	7.1
Residents receiving special skin care.	57	27.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW HEALTH CARE CENTER

Street Address: 2907 E. 136TH STREET	**City and State:** CARMEL IN 46032

Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	91.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	33	91.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	83.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	75.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	69.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	41.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	15	41.7	37.1	39.1
Residents requiring restraints.	19	52.8	30.8	31.7
Confused or disoriented residents.	28	77.8	52.2	55.8
Residents with bed sores.	4	11.1	4.4	4.7
Residents receiving special skin care.	6	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MANOR HOUSE OF CARMEL

Street Address: 116 MEDICAL DRIVE		**City and State:** CARMEL IN 46032	
Participation: MEDICARE SNF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	33.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	7	38.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	7	38.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	33.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	44.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	5.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	5	27.8	47.1	50.8
Residents requiring restraints.	2	11.1	36.5	41.3
Confused or disoriented residents.	8	44.4	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MACANELL NURSING HOME INC

Street Address: R R 2 BOX 139		**City and State:** CENTERPOINT IN 47840	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	64.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	50.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	44.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	44.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	44.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	9.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	9	16.7	37.1	39.1
Residents requiring restraints.	8	14.8	30.8	31.7
Confused or disoriented residents.	45	83.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	6	11.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEHURST NURSING HOME

Street Address: P.O. BOX 188		**City and State:** CENTERVILLE IN 47330	
Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	70.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	55	74.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	48	64.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	51.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	4.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.7	26.9	29.3
Completely bedfast residents.	1	1.4	1.1	3.6
Residents confined to chairs.	17	23.0	37.1	39.1
Residents requiring restraints.	35	47.3	30.8	31.7
Confused or disoriented residents.	25	33.8	52.2	55.8
Residents with bed sores.	17	23.0	4.4	4.7
Residents receiving special skin care.	19	25.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF CHANDLER

Street Address: RR 2 BOX 39		**City and State:** CHANDLER IN 47610	
Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	57.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	59	93.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	49.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	54.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	63.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	27.0	26.9	29.3
Completely bedfast residents.	1	1.6	1.1	3.6
Residents confined to chairs.	29	46.0	37.1	39.1
Residents requiring restraints.	17	27.0	30.8	31.7
Confused or disoriented residents.	47	74.6	52.2	55.8
Residents with bed sores.	4	6.3	4.4	4.7
Residents receiving special skin care.	18	28.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONGWORTH VILLA

Street Address: P.O. BOX 9, HWY 62 EAST		**City and State:** CHARLESTOWN IN 47111	
Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	78.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	48	81.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	37.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	40.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	33.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.6	26.9	29.3
Completely bedfast residents.	1	1.7	1.1	3.6
Residents confined to chairs.	12	20.3	37.1	39.1
Residents requiring restraints.	13	22.0	30.8	31.7
Confused or disoriented residents.	38	64.4	52.2	55.8
Residents with bed sores.	3	5.1	4.4	4.7
Residents receiving special skin care.	6	10.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILLERS MERRY MANOR

Street Address: 524 ANDERSON ROAD		**City and State:** CHESTERFIELD IN 46017	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	73.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	67.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	62.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	67.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	8	14.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	25.0	26.9	29.3
Completely bedfast residents.	2	3.6	1.1	3.6
Residents confined to chairs.	13	23.2	37.1	39.1
Residents requiring restraints.	12	21.4	30.8	31.7
Confused or disoriented residents.	40	71.4	52.2	55.8
Residents with bed sores.	3	5.4	4.4	4.7
Residents receiving special skin care.	17	30.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHESTERTON HEALTHCARE CENTER

Street Address: 1620 SOUTH OLD STATE ROAD 49	**City and State:** CHESTERTON IN 46304

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 2	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	68.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	77	81.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	67	71.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	71.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	56.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	26	27.7	47.1	50.8
Residents requiring restraints.	40	42.6	36.5	41.3
Confused or disoriented residents.	33	35.1	52.1	58.4
Residents with bed sores.	9	9.6	6.9	7.1
Residents receiving special skin care.	37	39.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOUSTON HEALTH CARE INC

Street Address: BOX 31 602 CLARK STREET

City and State: CLARKS HILL IN 47930

Participation: MEDICAID ICF

# of Beds: 40

Type of Ownership: PROPRIETARY

Survey Date: 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26

Medicare Residents: 0

Medicaid Residents: 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	76.9	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	61.5	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	38.5	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	23.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	46.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	19.2	26.9	29.3
Completely bedfast residents.	1	3.8	1.1	3.6
Residents confined to chairs.	3	11.5	37.1	39.1
Residents requiring restraints.	1	3.8	30.8	31.7
Confused or disoriented residents.	6	23.1	52.2	55.8
Residents with bed sores.	1	3.8	4.4	4.7
Residents receiving special skin care.	10	38.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARKSVILLE HEALTHCARE CENTER

Street Address: 586 EASTERN BOULEVARD	**City and State:** CLARKSVILLE IN 47130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 195	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 179	**Medicare Residents:** 0	**Medicaid Residents:** 156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	161	89.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	146	81.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	120	67.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	72.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	67.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	41.9	32.5	37.7
Completely bedfast residents.	2	1.1	2.3	3.4
Residents confined to chairs.	79	44.1	47.1	50.8
Residents requiring restraints.	70	39.1	36.5	41.3
Confused or disoriented residents.	93	52.0	52.1	58.4
Residents with bed sores.	17	9.5	6.9	7.1
Residents receiving special skin care.	81	45.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF CLARKSVILLE

Street Address: 517 N HALLMARK BLVD P O BOX 2696	**City and State:** CLARKSVILLE IN 47130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 1	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	87.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	89	78.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	78	68.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	74.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	53.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	34.2	32.5	37.7
Completely bedfast residents.	4	3.5	2.3	3.4
Residents confined to chairs.	36	31.6	47.1	50.8
Residents requiring restraints.	29	25.4	36.5	41.3
Confused or disoriented residents.	46	40.4	52.1	58.4
Residents with bed sores.	6	5.3	6.9	7.1
Residents receiving special skin care.	26	22.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEDGEWOOD MANOR HEALTHCARE CENTER

Street Address: 101 POTTERS LANE		**City and State:** CLARKSVILLE IN 47130	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	2	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	89.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	78	84.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	67	72.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	81.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	77.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	27.2	32.5	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	47	51.1	47.1	50.8
Residents requiring restraints.	38	41.3	36.5	41.3
Confused or disoriented residents.	46	50.0	52.1	58.4
Residents with bed sores.	3	3.3	6.9	7.1
Residents receiving special skin care.	25	27.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER HEALTH CARE CTR

Street Address: 2200 GREENTREE NORTH	**City and State:** CLARKSVILLE IN 47130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	72.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	87	94.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	72	78.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	85.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	75.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	42.4	32.5	37.7
Completely bedfast residents.	3	3.3	2.3	3.4
Residents confined to chairs.	59	64.1	47.1	50.8
Residents requiring restraints.	41	44.6	36.5	41.3
Confused or disoriented residents.	67	72.8	52.1	58.4
Residents with bed sores.	5	5.4	6.9	7.1
Residents receiving special skin care.	22	23.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON NURSING HOME

Street Address: 700 SOUTH MAIN STREET	**City and State:** CLINTON IN 47842

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	72.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	77.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	65.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	57.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	90.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	5.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	20.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	30.0	37.1	39.1
Residents requiring restraints.	11	27.5	30.8	31.7
Confused or disoriented residents.	31	77.5	52.2	55.8
Residents with bed sores.	1	2.5	4.4	4.7
Residents receiving special skin care.	2	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERMILLION CONVALESCENT CENTER

Street Address: 1705 SOUTH MAIN STREET	**City and State:** CLINTON IN 47842

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	86.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	94	79.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	77	64.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	62.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	68.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	29.4	32.5	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	60	50.4	47.1	50.8
Residents requiring restraints.	56	47.1	36.5	41.3
Confused or disoriented residents.	78	65.5	52.1	58.4
Residents with bed sores.	9	7.6	6.9	7.1
Residents receiving special skin care.	20	16.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOUSTON HEALTH CARE - CLOVERDALE

Street Address: 34 SOUTH MAIN STREET, PO BOX 247		**City and State:** CLOVERDALE IN 46120	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	78.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	78.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	65.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	65.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	63.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	60.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	16	42.1	37.1	39.1
Residents requiring restraints.	11	28.9	30.8	31.7
Confused or disoriented residents.	19	50.0	52.2	55.8
Residents with bed sores.	5	13.2	4.4	4.7
Residents receiving special skin care.	20	52.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA CITY COM CARE CENTER

Street Address: RURAL ROUTE 9 WOLFE RD AND US 30 WEST	**City and State:** COLUMBIA CITY IN 46725

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	82.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	41	80.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	39	76.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	66.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	66.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	6	11.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	31.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	15	29.4	47.1	50.8
Residents requiring restraints.	19	37.3	36.5	41.3
Confused or disoriented residents.	23	45.1	52.1	58.4
Residents with bed sores.	3	5.9	6.9	7.1
Residents receiving special skin care.	18	35.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA CITY NURSING HOME

Street Address: 522 NORTH LINE STREET		**City and State:** COLUMBIA CITY IN 46725	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	93.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	84.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	53.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	62.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	3.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	34.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	25.0	37.1	39.1
Residents requiring restraints.	5	15.6	30.8	31.7
Confused or disoriented residents.	20	62.5	52.2	55.8
Residents with bed sores.	2	6.3	4.4	4.7
Residents receiving special skin care.	2	6.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: RR1 710 W ELLSWORTH EXTENSION	**City and State:** COLUMBIA CITY IN 46725

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 3	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	58	56.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	73	70.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	69	67.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	65.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	70.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	23.3	32.5	37.7
Completely bedfast residents.	4	3.9	2.3	3.4
Residents confined to chairs.	35	34.0	47.1	50.8
Residents requiring restraints.	30	29.1	36.5	41.3
Confused or disoriented residents.	34	33.0	52.1	58.4
Residents with bed sores.	4	3.9	6.9	7.1
Residents receiving special skin care.	19	18.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBUS CONV CTR

Street Address: 2100 MIDWAY ST		**City and State:** COLUMBUS IN 47201	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 235	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 214	**Medicare Residents:** 8	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	74.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	176	82.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	150	70.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	81.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	118	55.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	113	52.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	31.3	32.5	37.7
Completely bedfast residents.	2	0.9	2.3	3.4
Residents confined to chairs.	62	29.0	47.1	50.8
Residents requiring restraints.	111	51.9	36.5	41.3
Confused or disoriented residents.	122	57.0	52.1	58.4
Residents with bed sores.	15	7.0	6.9	7.1
Residents receiving special skin care.	58	27.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COTTONWOOD MANOR NURSING HOME

Street Address:	**City and State:**
5480 EAST 25TH STREET	COLUMBUS IN 47201

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	PROPRIETARY	12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	69.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	76.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	66.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	61.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	38.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	17.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	33.3	37.1	39.1
Residents requiring restraints.	15	38.5	30.8	31.7
Confused or disoriented residents.	17	43.6	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	13	33.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR SEASONS RETIREMENT HC CENTER

Street Address: 1901 TAYLOR ROAD		**City and State:** COLUMBUS IN 47203	
Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	78.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	51	86.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	44	74.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	55.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	40.7	26.9	29.3
Completely bedfast residents.	1	1.7	1.1	3.6
Residents confined to chairs.	13	22.0	37.1	39.1
Residents requiring restraints.	26	44.1	30.8	31.7
Confused or disoriented residents.	44	74.6	52.2	55.8
Residents with bed sores.	2	3.4	4.4	4.7
Residents receiving special skin care.	3	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONNERSVILLE NURSING HOME

Street Address: 2600 NORTH GRAND AVENUE	**City and State:** CONNERSVILLE IN 47331

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	86.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	32	84.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	81.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	78.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	63.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	15	39.5	37.1	39.1
Residents requiring restraints.	15	39.5	30.8	31.7
Confused or disoriented residents.	16	42.1	52.2	55.8
Residents with bed sores.	1	2.6	4.4	4.7
Residents receiving special skin care.	20	52.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF CONNERSVILLE

Street Address: 2500 IOWA AVENUE	**City and State:** CONNERSVILLE IN 47331

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	44	88.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	80.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	64.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	46.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	29	58.0	37.1	39.1
Residents requiring restraints.	17	34.0	30.8	31.7
Confused or disoriented residents.	30	60.0	52.2	55.8
Residents with bed sores.	1	2.0	4.4	4.7
Residents receiving special skin care.	2	4.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN LODGE NURSING CENTER

Street Address: 1039 EAST FIFTH STREET PO BOX 446	**City and State:** CONNERSVILLE IN 47331

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	95.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	86	94.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	74	81.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	74.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	40.7	32.5	37.7
Completely bedfast residents.	2	2.2	2.3	3.4
Residents confined to chairs.	36	39.6	47.1	50.8
Residents requiring restraints.	44	48.4	36.5	41.3
Confused or disoriented residents.	0	0.0	52.1	58.4
Residents with bed sores.	2	2.2	6.9	7.1
Residents receiving special skin care.	17	18.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN MANOR NUR CTR

Street Address: 1029 E 5TH ST BOX 368	**City and State:** CONNERSVILLE IN 47331

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	63.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	69	72.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	62	65.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	57.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	10	10.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	40.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	62	65.3	37.1	39.1
Residents requiring restraints.	41	43.2	30.8	31.7
Confused or disoriented residents.	36	37.9	52.2	55.8
Residents with bed sores.	14	14.7	4.4	4.7
Residents receiving special skin care.	58	61.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORYDON NURS HME

Street Address: 315 CORYDON NEW MIDDLETON ROAD		**City and State:** CORYDON IN 47112	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	87.2	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	87.2	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	71.8	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	64.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	66.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	10.3	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	33.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	30.8	37.1	39.1
Residents requiring restraints.	16	41.0	30.8	31.7
Confused or disoriented residents.	21	53.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	6	15.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN CREEK CONVALESCENT CENTER

Street Address: 240 BEECHMONT DRIVE	**City and State:** CORYDON IN 47112

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	84.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	103	80.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	91	71.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	78.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	53.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	45.3	32.5	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	57	44.5	47.1	50.8
Residents requiring restraints.	48	37.5	36.5	41.3
Confused or disoriented residents.	60	46.9	52.1	58.4
Residents with bed sores.	5	3.9	6.9	7.1
Residents receiving special skin care.	52	40.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVINGTON MANOR INC

Street Address: 1600 EAST LIBERTY STREET		**City and State:** COVINGTON IN 47932	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
130	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	77.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	106	81.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	98	75.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	74.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	75.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	24.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	86	66.2	47.1	50.8
Residents requiring restraints.	73	56.2	36.5	41.3
Confused or disoriented residents.	87	66.9	52.1	58.4
Residents with bed sores.	7	5.4	6.9	7.1
Residents receiving special skin care.	36	27.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEN HUR HOME

Street Address: 1357 SOUTH GRANT		**City and State:** CRAWFORDSVILLE IN 47933	
Participation: MEDICAID ICF	**# of Beds:** 175	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	83.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	72	85.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	60.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	60.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	65.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	4.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	9.5	37.1	39.1
Residents requiring restraints.	12	14.3	30.8	31.7
Confused or disoriented residents.	30	35.7	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	29	34.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARMEN NURSING HOME INC

Street Address: 817 NORTH WHITLOCK AVENUE	**City and State:** CRAWFORDSVILLE IN 47933

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	97.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	77.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	77.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	65.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	25.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	31.4	37.1	39.1
Residents requiring restraints.	11	31.4	30.8	31.7
Confused or disoriented residents.	24	68.6	52.2	55.8
Residents with bed sores.	1	2.9	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOUSTON HEALTH CARE INC

Street Address: 1371 SOUTH GRANT AVENUE	**City and State:** CRAWFORDSVILLE IN 47933

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	44	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	61.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	68.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	47.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	38.6	26.9	29.3
Completely bedfast residents.	2	4.5	1.1	3.6
Residents confined to chairs.	25	56.8	37.1	39.1
Residents requiring restraints.	9	20.5	30.8	31.7
Confused or disoriented residents.	22	50.0	52.2	55.8
Residents with bed sores.	1	2.3	4.4	4.7
Residents receiving special skin care.	27	61.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANE HOUSE INC

Street Address: 1000 LANE AVE	**City and State:** CRAWFORDSVILLE IN 47933

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	96.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	50	84.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	61.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	62.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	50.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	44	74.6	37.1	39.1
Residents requiring restraints.	16	27.1	30.8	31.7
Confused or disoriented residents.	34	57.6	52.2	55.8
Residents with bed sores.	2	3.4	4.4	4.7
Residents receiving special skin care.	15	25.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAMSBURG HEALTH CARE INC

Street Address: 1609 LAFAYETTE ROAD

City and State: CRAWFORDSVILLE IN 47933

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 114

Type of Ownership: PROPRIETARY

Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88

Medicare Residents: 7

Medicaid Residents: 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	84.1	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	93.2	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	80.7	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	79.5	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	67.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	5.7	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	42.0	32.5	37.7
Completely bedfast residents.	7	8.0	2.3	3.4
Residents confined to chairs.	49	55.7	47.1	50.8
Residents requiring restraints.	25	28.4	36.5	41.3
Confused or disoriented residents.	36	40.9	52.1	58.4
Residents with bed sores.	15	17.0	6.9	7.1
Residents receiving special skin care.	59	67.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL NURSING HOME INC

Street Address: 119 N INDIANA AVE	**City and State:** CROWN POINT IN 46307

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	34	97.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	88.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	88.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	77.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	42.9	26.9	29.3
Completely bedfast residents.	1	2.9	1.1	3.6
Residents confined to chairs.	19	54.3	37.1	39.1
Residents requiring restraints.	16	45.7	30.8	31.7
Confused or disoriented residents.	22	62.9	52.2	55.8
Residents with bed sores.	3	8.6	4.4	4.7
Residents receiving special skin care.	11	31.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE COUNTY CONVALESCENT HOME

Street Address: 2900 WEST 93RD AVENUE		**City and State:** CROWN POINT IN 46307	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 484	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 370	**Medicare Residents:** 0	**Medicaid Residents:** 216

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	330	89.2	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	319	86.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	222	60.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	247	66.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	203	54.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	128	34.6	32.5	37.7
Completely bedfast residents.	2	0.5	2.3	3.4
Residents confined to chairs.	230	62.2	47.1	50.8
Residents requiring restraints.	110	29.7	36.5	41.3
Confused or disoriented residents.	258	69.7	52.1	58.4
Residents with bed sores.	26	7.0	6.9	7.1
Residents receiving special skin care.	55	14.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME OF NORTHWEST INDIANA INC

Street Address: 1200 EAST LUTHER DRIVE		**City and State:** CROWN POINT IN 46307	
Participation: MEDICAID ICF	**# of Beds:** 191	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
171	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	62.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	98	57.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	99	57.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	60.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	57.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	17.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	43	25.1	37.1	39.1
Residents requiring restraints.	49	28.7	30.8	31.7
Confused or disoriented residents.	117	68.4	52.2	55.8
Residents with bed sores.	3	1.8	4.4	4.7
Residents receiving special skin care.	38	22.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANTHONY HOME INC

Street Address: 201 FRANCISCAN ROAD		**City and State:** CROWN POINT IN 46307	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 229	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 209	**Medicare Residents:** 9	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	191	91.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	168	80.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	145	69.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	77.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	67.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	23.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	64	30.6	47.1	50.8
Residents requiring restraints.	83	39.7	36.5	41.3
Confused or disoriented residents.	132	63.2	52.1	58.4
Residents with bed sores.	1	0.5	6.9	7.1
Residents receiving special skin care.	84	40.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR

Street Address: 730 SCHOOL STREET		**City and State:** CULVER IN 46511	
Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	83.1	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	91.5	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	76.3	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	79.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	17	28.8	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	18.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	6.8	37.1	39.1
Residents requiring restraints.	22	37.3	30.8	31.7
Confused or disoriented residents.	38	64.4	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	2	3.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOVING CARE MED CENTER

Street Address: PO BOX 367 11121 NORTH STREET	**City and State:** CYNTHIANA IN 47612

Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	87.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	65.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	42.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	42.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	49.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	17.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	19.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	19.0	37.1	39.1
Residents requiring restraints.	7	11.1	30.8	31.7
Confused or disoriented residents.	58	92.1	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	2	3.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

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NURSING HOME PROFILE
COMMUNITY CARE CENTER OF DALE

Street Address: HIGHWAY 68 WEST, PO BOX 297	**City and State:** DALE IN 47523

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	91.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	39	83.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	55.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	57.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	10.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	27.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	8.5	37.1	39.1
Residents requiring restraints.	19	40.4	30.8	31.7
Confused or disoriented residents.	21	44.7	52.2	55.8
Residents with bed sores.	3	6.4	4.4	4.7
Residents receiving special skin care.	11	23.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROFESSIONAL CARE NURSING CENTER

Street Address: RR 2 BOX 315		**City and State:** DALE IN 47523	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	93.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	42	91.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	71.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	71.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	71.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	52.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	9	19.6	37.1	39.1
Residents requiring restraints.	15	32.6	30.8	31.7
Confused or disoriented residents.	20	43.5	52.2	55.8
Residents with bed sores.	6	13.0	4.4	4.7
Residents receiving special skin care.	2	4.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARDINAL HEALTHCARE OF DANVILLE

Street Address: 3 SOUTH ROAD 400 EAST	**City and State:** DANVILLE IN 46122

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 2	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	71.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	50	78.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	52	81.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	73.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	73.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	32.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	46	71.9	47.1	50.8
Residents requiring restraints.	27	42.2	36.5	41.3
Confused or disoriented residents.	38	59.4	52.1	58.4
Residents with bed sores.	4	6.3	6.9	7.1
Residents receiving special skin care.	18	28.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF DANVILLE

Street Address: 255 MEADOW DRIVE	**City and State:** DANVILLE IN 46122

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 5	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	82.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	72	75.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	65	68.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	83.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	55.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	37.9	32.5	37.7
Completely bedfast residents.	5	5.3	2.3	3.4
Residents confined to chairs.	23	24.2	47.1	50.8
Residents requiring restraints.	34	35.8	36.5	41.3
Confused or disoriented residents.	38	40.0	52.1	58.4
Residents with bed sores.	6	6.3	6.9	7.1
Residents receiving special skin care.	1	1.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRIMROSE MANOR

Street Address: 337 WEST LINCOLN STREET	**City and State:** DANVILLE IN 46122

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	56.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	17	68.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	64.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	56.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	14	56.0	37.1	39.1
Residents requiring restraints.	10	40.0	30.8	31.7
Confused or disoriented residents.	7	28.0	52.2	55.8
Residents with bed sores.	3	12.0	4.4	4.7
Residents receiving special skin care.	3	12.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ADAMS COUNTY MEMORIAL HOSPITAL SNU

Street Address: 805 HIGH ST	**City and State:** DECATUR IN 46733

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 14	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	100	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	7	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	7	100	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	42.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	14.3	32.5	37.7
Completely bedfast residents.	1	14.3	2.3	3.4
Residents confined to chairs.	2	28.6	47.1	50.8
Residents requiring restraints.	0	0.0	36.5	41.3
Confused or disoriented residents.	4	57.1	52.1	58.4
Residents with bed sores.	4	57.1	6.9	7.1
Residents receiving special skin care.	4	57.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DECATUR COMMUNITY CARE CENTER

Street Address: 1145 MERCER AVENUE	**City and State:** DECATUR IN 46733

Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	97.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	88	95.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	75	81.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	82.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	77.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	55	59.8	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	62	67.4	37.1	39.1
Residents requiring restraints.	62	67.4	30.8	31.7
Confused or disoriented residents.	13	14.1	52.2	55.8
Residents with bed sores.	4	4.3	4.4	4.7
Residents receiving special skin care.	55	59.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELPHI NURSING HOME

Street Address: 1433 S WASHINGTON ST	**City and State:** DELPHI IN 46923

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	93.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	80.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	16.7	37.1	39.1
Residents requiring restraints.	11	36.7	30.8	31.7
Confused or disoriented residents.	14	46.7	52.2	55.8
Residents with bed sores.	2	6.7	4.4	4.7
Residents receiving special skin care.	2	6.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ELIZABETH HEALTHCARE CENTER

Street Address: 701 ARMORY ROAD	**City and State:** DELPHI IN 46923

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 4	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	65.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	44	84.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	39	75.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	67.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	32.5	37.7
Completely bedfast residents.	2	3.8	2.3	3.4
Residents confined to chairs.	19	36.5	47.1	50.8
Residents requiring restraints.	18	34.6	36.5	41.3
Confused or disoriented residents.	26	50.0	52.1	58.4
Residents with bed sores.	5	9.6	6.9	7.1
Residents receiving special skin care.	10	19.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE HOLIDAY MANOR NH

Street Address: 10325 COUNTY LINE RD		**City and State:** DEMOTTE IN 46310	
Participation: MEDICAID ICF	**# of Beds:** 115	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	78.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	57	72.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	62.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	69.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	51.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	7.6	26.9	29.3
Completely bedfast residents.	3	3.8	1.1	3.6
Residents confined to chairs.	41	51.9	37.1	39.1
Residents requiring restraints.	28	35.4	30.8	31.7
Confused or disoriented residents.	48	60.8	52.2	55.8
Residents with bed sores.	9	11.4	4.4	4.7
Residents receiving special skin care.	15	19.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DILLSBORO MANOR

Street Address: BOX 66 LENOVER STREET		**City and State:** DILLSBORO IN 47018	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	5	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	76.4	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	67.3	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	54.5	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	55.5	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	50.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	26.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	55	50.0	47.1	50.8
Residents requiring restraints.	40	36.4	36.5	41.3
Confused or disoriented residents.	50	45.5	52.1	58.4
Residents with bed sores.	3	2.7	6.9	7.1
Residents receiving special skin care.	24	21.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSS MANOR

Street Address: BOX 66 DOTTIE DELL LANE	**City and State:** DILLSBORO IN 47018

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	24	51.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	43	91.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	44	93.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	97.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	44.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.0	26.9	29.3
Completely bedfast residents.	2	4.3	1.1	3.6
Residents confined to chairs.	20	42.6	37.1	39.1
Residents requiring restraints.	14	29.8	30.8	31.7
Confused or disoriented residents.	36	76.6	52.2	55.8
Residents with bed sores.	2	4.3	4.4	4.7
Residents receiving special skin care.	3	6.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: CO RD 130 PO BOX 265	**City and State:** DUNKIRK IN 47336

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	62	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	66.7	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	58.3	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	52.1	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	54.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	22	45.8	37.1	39.1
Residents requiring restraints.	18	37.5	30.8	31.7
Confused or disoriented residents.	28	58.3	52.2	55.8
Residents with bed sores.	2	4.2	4.4	4.7
Residents receiving special skin care.	12	25.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER DYER

Street Address: 601 SHEFFIELD AVENUE	**City and State:** DYER IN 46311

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 3	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	94.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	112	91.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	89	72.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	78.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	75.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	26.8	32.5	37.7
Completely bedfast residents.	2	1.6	2.3	3.4
Residents confined to chairs.	41	33.3	47.1	50.8
Residents requiring restraints.	30	24.4	36.5	41.3
Confused or disoriented residents.	82	66.7	52.1	58.4
Residents with bed sores.	8	6.5	6.9	7.1
Residents receiving special skin care.	63	51.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF DYER

Street Address: 2300 GREAT LAKES DRIVE	**City and State:** DYER IN 46311

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	83.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	106	78.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	87	64.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	73.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	62.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	30.4	32.5	37.7
Completely bedfast residents.	1	0.7	2.3	3.4
Residents confined to chairs.	69	51.1	47.1	50.8
Residents requiring restraints.	43	31.9	36.5	41.3
Confused or disoriented residents.	77	57.0	52.1	58.4
Residents with bed sores.	11	8.1	6.9	7.1
Residents receiving special skin care.	31	23.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE COUNTY REHABILITATION CENTER

Street Address: 5025 MCCOOK AVENUE	**City and State:** EAST CHICAGO IN 46312

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 38	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	70.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	54	73.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	51	68.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	62.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	62.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	24.3	32.5	37.7
Completely bedfast residents.	1	1.4	2.3	3.4
Residents confined to chairs.	43	58.1	47.1	50.8
Residents requiring restraints.	41	55.4	36.5	41.3
Confused or disoriented residents.	47	63.5	52.1	58.4
Residents with bed sores.	6	8.1	6.9	7.1
Residents receiving special skin care.	2	2.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAITH HOME

Street Address: 30 NORTH EISENHOWER DRIVE		**City and State:** EDINBURGH IN 46124	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	21	87.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	66.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	45.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	62.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	16.7	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	41.7	26.9	29.3
Completely bedfast residents.	1	4.2	1.1	3.6
Residents confined to chairs.	6	25.0	37.1	39.1
Residents requiring restraints.	3	12.5	30.8	31.7
Confused or disoriented residents.	11	45.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	6	25.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER OF ELKHART

Street Address: 343 SOUTH NAPPANEE STREET	**City and State:** ELKHART IN 46514

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	50.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	66	78.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	59	70.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	66.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	59.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	6	7.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	27.4	32.5	37.7
Completely bedfast residents.	11	13.1	2.3	3.4
Residents confined to chairs.	48	57.1	47.1	50.8
Residents requiring restraints.	35	41.7	36.5	41.3
Confused or disoriented residents.	40	47.6	52.1	58.4
Residents with bed sores.	4	4.8	6.9	7.1
Residents receiving special skin care.	21	25.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELKHART GENERAL HOSPITAL SNU

Street Address: 600 EAST BLVD	**City and State:** ELKHART IN 46515

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
13	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	92.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	12	92.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	12	92.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	76.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	7.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	53.8	32.5	37.7
Completely bedfast residents.	1	7.7	2.3	3.4
Residents confined to chairs.	9	69.2	47.1	50.8
Residents requiring restraints.	3	23.1	36.5	41.3
Confused or disoriented residents.	4	30.8	52.1	58.4
Residents with bed sores.	3	23.1	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELKHART HEALTHCARE CENTER

Street Address: 1400 WEST FRANKLIN ST, PO BOX 1107	**City and State:** ELKHART IN 46515

Participation: MEDICAID SNF/ICF	**# of Beds:** 162	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	87.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	59	81.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	68.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	65.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	58.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	4.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	58.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	42	58.3	47.1	50.8
Residents requiring restraints.	23	31.9	36.5	41.3
Confused or disoriented residents.	43	59.7	52.1	58.4
Residents with bed sores.	1	1.4	6.9	7.1
Residents receiving special skin care.	12	16.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINVIEW PLACE

Street Address: 1001 W HIVELY AVE	**City and State:** ELKHART IN 46514

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 327	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 256	**Medicare Residents:** 5	**Medicaid Residents:** 209

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	205	80.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	222	86.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	165	64.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	209	81.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	159	62.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	22.7	32.5	37.7
Completely bedfast residents.	7	2.7	2.3	3.4
Residents confined to chairs.	134	52.3	47.1	50.8
Residents requiring restraints.	104	40.6	36.5	41.3
Confused or disoriented residents.	124	48.4	52.1	58.4
Residents with bed sores.	11	4.3	6.9	7.1
Residents receiving special skin care.	88	34.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF ELKHART

Street Address: 2600 MOREHOUSE AVENUE	**City and State:** ELKHART IN 46514

Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	92.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	56	88.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	68.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	68.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	68.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	4.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	36.5	26.9	29.3
Completely bedfast residents.	1	1.6	1.1	3.6
Residents confined to chairs.	28	44.4	37.1	39.1
Residents requiring restraints.	16	25.4	30.8	31.7
Confused or disoriented residents.	28	44.4	52.2	55.8
Residents with bed sores.	5	7.9	4.4	4.7
Residents receiving special skin care.	19	30.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NURSING CENTER EAST LAKE

Street Address: 1900 JEANWOOD DRIVE		**City and State:** ELKHART IN 46514	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	1	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	89.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	93	84.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	76	69.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	73.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	53.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	15.5	32.5	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	57	51.8	47.1	50.8
Residents requiring restraints.	35	31.8	36.5	41.3
Confused or disoriented residents.	52	47.3	52.1	58.4
Residents with bed sores.	3	2.7	6.9	7.1
Residents receiving special skin care.	19	17.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW HEALTH CARE CENTER

Street Address: 333 WEST MISHAWAKA ROAD		**City and State:** ELKHART IN 46516	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	82.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	63	70.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	63	70.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	52.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	70.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	31.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	47	52.2	37.1	39.1
Residents requiring restraints.	26	28.9	30.8	31.7
Confused or disoriented residents.	40	44.4	52.2	55.8
Residents with bed sores.	2	2.2	4.4	4.7
Residents receiving special skin care.	1	1.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DICKEY NURS HME INC

Street Address: 1007 N 9TH ST		**City and State:** ELWOOD IN 46036	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	81.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	70	76.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	64	70.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	98.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	68.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	24.2	32.5	37.7
Completely bedfast residents.	1	1.1	2.3	3.4
Residents confined to chairs.	28	30.8	47.1	50.8
Residents requiring restraints.	46	50.5	36.5	41.3
Confused or disoriented residents.	55	60.4	52.1	58.4
Residents with bed sores.	5	5.5	6.9	7.1
Residents receiving special skin care.	30	33.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW CONV CTR

Street Address: NORTH 19TH	**City and State:** ELWOOD IN 46036

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	62.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	48	64.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	48.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	93.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	44.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	18.7	26.9	29.3
Completely bedfast residents.	7	9.3	1.1	3.6
Residents confined to chairs.	21	28.0	37.1	39.1
Residents requiring restraints.	16	21.3	30.8	31.7
Confused or disoriented residents.	30	40.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	11	14.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHEL MANOR

Street Address: 6015 KRATZVILLE ROAD		**City and State:** EVANSVILLE IN 47710	
Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	96.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	45	72.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	51.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	62.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	53.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	4.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	30.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	30	48.4	37.1	39.1
Residents requiring restraints.	20	32.3	30.8	31.7
Confused or disoriented residents.	36	58.1	52.2	55.8
Residents with bed sores.	2	3.2	4.4	4.7
Residents receiving special skin care.	6	9.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRAUNS NURSING HOME

Street Address: 909 1ST AVE	**City and State:** EVANSVILLE IN 47710

Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	80.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	67	81.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	64	78.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	0	0.0	37.1	39.1
Residents requiring restraints.	0	0.0	30.8	31.7
Confused or disoriented residents.	0	0.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD CONVALESCENT CENTER

Street Address: 30 EAST CHANDLER AVENUE	**City and State:** EVANSVILLE IN 47713

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	94.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	15	88.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	15	88.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	88.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	23.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	11.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	1	5.9	47.1	50.8
Residents requiring restraints.	1	5.9	36.5	41.3
Confused or disoriented residents.	2	11.8	52.1	58.4
Residents with bed sores.	1	5.9	6.9	7.1
Residents receiving special skin care.	1	5.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTOPHER EAST LIVING CENTER

Street Address: 4301 WASHINGTON AVENUE		**City and State:** EVANSVILLE IN 47715	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 199	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	69.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	87	70.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	64	52.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	51.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	55.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	8	6.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	23.6	32.5	37.7
Completely bedfast residents.	4	3.3	2.3	3.4
Residents confined to chairs.	57	46.3	47.1	50.8
Residents requiring restraints.	38	30.9	36.5	41.3
Confused or disoriented residents.	56	45.5	52.1	58.4
Residents with bed sores.	6	4.9	6.9	7.1
Residents receiving special skin care.	28	22.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA NURSING PLAZA INC

Street Address: 621 WEST COLUMBIA STREET	**City and State:** EVANSVILLE IN 47710

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 3	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	80.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	114	79.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	90	62.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	63.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	65.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	22.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	83	58.0	47.1	50.8
Residents requiring restraints.	32	22.4	36.5	41.3
Confused or disoriented residents.	72	50.3	52.1	58.4
Residents with bed sores.	10	7.0	6.9	7.1
Residents receiving special skin care.	31	21.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERTHAS NURSING HOME

Street Address: 617 OAKLEY ST	**City and State:** EVANSVILLE IN 47710

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 0	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	90.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	106	74.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	90	63.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	56.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	59.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	46.5	32.5	37.7
Completely bedfast residents.	5	3.5	2.3	3.4
Residents confined to chairs.	44	31.0	47.1	50.8
Residents requiring restraints.	70	49.3	36.5	41.3
Confused or disoriented residents.	6	4.2	52.1	58.4
Residents with bed sores.	6	4.2	6.9	7.1
Residents receiving special skin care.	142	100	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN HOME

Street Address: 601 NORTH BOEKE ROAD, PO BOX 2788	**City and State:** EVANSVILLE IN 47711

Participation: MEDICAID ICF	**# of Beds:** 138	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	76.2	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	97	77.0	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	73.8	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	77.8	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	70.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	32.5	26.9	29.3
Completely bedfast residents.	1	0.8	1.1	3.6
Residents confined to chairs.	72	57.1	37.1	39.1
Residents requiring restraints.	56	44.4	30.8	31.7
Confused or disoriented residents.	69	54.8	52.2	55.8
Residents with bed sores.	1	0.8	4.4	4.7
Residents receiving special skin care.	24	19.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND HEALTHCARE

Street Address: 1100 NORTH READ STREET	**City and State:** EVANSVILLE IN 47710

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	65.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	75.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	60.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	30.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	50.0	37.1	39.1
Residents requiring restraints.	5	25.0	30.8	31.7
Confused or disoriented residents.	6	30.0	52.2	55.8
Residents with bed sores.	1	5.0	4.4	4.7
Residents receiving special skin care.	9	45.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLIDAY HOME HEALTH CARE CORP

Street Address: 1201 W BUENA VISTA RD		**City and State:** EVANSVILLE IN 47710	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 209	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 3	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	54.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	133	77.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	117	68.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	59.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	64.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	37.2	32.5	37.7
Completely bedfast residents.	6	3.5	2.3	3.4
Residents confined to chairs.	70	40.7	47.1	50.8
Residents requiring restraints.	62	36.0	36.5	41.3
Confused or disoriented residents.	75	43.6	52.1	58.4
Residents with bed sores.	7	4.1	6.9	7.1
Residents receiving special skin care.	15	8.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCCURDY RESIDENTIAL CTR

Street Address: 101 SE 1ST ST		**City and State:** EVANSVILLE IN 47713	
Participation: MEDICAID ICF	**# of Beds:** 475	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
169	0	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	43.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	63	37.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	17.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	26.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	20.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	1.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	2.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	0	0.0	37.1	39.1
Residents requiring restraints.	7	4.1	30.8	31.7
Confused or disoriented residents.	55	32.5	52.2	55.8
Residents with bed sores.	4	2.4	4.4	4.7
Residents receiving special skin care.	13	7.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF EVANSVILLE-NORTH

Street Address: 650 FAIRWAY DR	**City and State:** EVANSVILLE IN 47710

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 4	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	74.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	110	75.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	98	67.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	82.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	56.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	34.9	32.5	37.7
Completely bedfast residents.	9	6.2	2.3	3.4
Residents confined to chairs.	83	56.8	47.1	50.8
Residents requiring restraints.	49	33.6	36.5	41.3
Confused or disoriented residents.	99	67.8	52.1	58.4
Residents with bed sores.	38	26.0	6.9	7.1
Residents receiving special skin care.	80	54.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW CONVALESCNET CENTER, INC

Street Address: 2819 NORTH ST. JOSEPH AVENUE		**City and State:** EVANSVILLE IN 47712	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	78.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	82	85.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	65	67.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	76.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	32.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	3.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.4	26.9	29.3
Completely bedfast residents.	1	1.0	1.1	3.6
Residents confined to chairs.	44	45.8	37.1	39.1
Residents requiring restraints.	50	52.1	30.8	31.7
Confused or disoriented residents.	61	63.5	52.2	55.8
Residents with bed sores.	11	11.5	4.4	4.7
Residents receiving special skin care.	22	22.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE HAVEN

Street Address: 3400 STOCKER DR	**City and State:** EVANSVILLE IN 47712

Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	90.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	82	89.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	72.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	73.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	42.4	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	61	66.3	37.1	39.1
Residents requiring restraints.	52	56.5	30.8	31.7
Confused or disoriented residents.	65	70.7	52.2	55.8
Residents with bed sores.	4	4.3	4.4	4.7
Residents receiving special skin care.	4	4.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS HOME FOR THE AGED

Street Address: 1236 LINCOLN AVENUE	**City and State:** EVANSVILLE IN 47714

Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	97.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	67	75.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	55.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	64.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	58.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	27.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	43	48.3	37.1	39.1
Residents requiring restraints.	18	20.2	30.8	31.7
Confused or disoriented residents.	38	42.7	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	31	34.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. MARY'S CONTINUING CARE CENTER

Street Address: 3700 WASHINGTON AVENUE		**City and State:** EVANSVILLE IN 47750	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 7	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	94.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	19	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	18	94.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	5.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	26.3	32.5	37.7
Completely bedfast residents.	4	21.1	2.3	3.4
Residents confined to chairs.	8	42.1	47.1	50.8
Residents requiring restraints.	6	31.6	36.5	41.3
Confused or disoriented residents.	6	31.6	52.1	58.4
Residents with bed sores.	6	31.6	6.9	7.1
Residents receiving special skin care.	10	52.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE REGINA CONTINUING CARE CENTER

Street Address: 3900 WASHINGTON AVENUE		**City and State:** EVANSVILLE IN 47715	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
146	12	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	73.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	120	82.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	122	83.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	79.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	73.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	24.7	32.5	37.7
Completely bedfast residents.	7	4.8	2.3	3.4
Residents confined to chairs.	51	34.9	47.1	50.8
Residents requiring restraints.	56	38.4	36.5	41.3
Confused or disoriented residents.	66	45.2	52.1	58.4
Residents with bed sores.	8	5.5	6.9	7.1
Residents receiving special skin care.	29	19.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODBRIDGE HEALTH CARE CTR

Street Address: 816 NORTH FIRST AVE	**City and State:** EVANSVILLE IN 47710

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	67.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	73	86.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	59.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	76.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	57.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	6	7.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	29.8	26.9	29.3
Completely bedfast residents.	1	1.2	1.1	3.6
Residents confined to chairs.	45	53.6	37.1	39.1
Residents requiring restraints.	18	21.4	30.8	31.7
Confused or disoriented residents.	45	53.6	52.2	55.8
Residents with bed sores.	5	6.0	4.4	4.7
Residents receiving special skin care.	17	20.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCENIC HILLS CARE CENTER

Street Address: RR 1 BOX 320 311 E 1ST STREET		**City and State:** FERDINAND IN 47532	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	41	82.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	54.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	52.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	16	32.0	37.1	39.1
Residents requiring restraints.	8	16.0	30.8	31.7
Confused or disoriented residents.	21	42.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	8	16.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHRENS HOME OF INDIANA

Street Address: ROUTE 2 BOX 97	**City and State:** FLORA IN 46929

Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	62	72.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	57.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	64.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	54.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	7	8.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.4	26.9	29.3
Completely bedfast residents.	1	1.2	1.1	3.6
Residents confined to chairs.	46	54.1	37.1	39.1
Residents requiring restraints.	29	34.1	30.8	31.7
Confused or disoriented residents.	41	48.2	52.2	55.8
Residents with bed sores.	2	2.4	4.4	4.7
Residents receiving special skin care.	9	10.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANTHONY WAYNE LIVING CENTER

Street Address: 2626 FAIRFIELD AVENUE	**City and State:** FORT WAYNE IN 46807

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 6	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	86.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	48	92.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	36	69.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	71.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	88.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	17	32.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	17.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	38	73.1	47.1	50.8
Residents requiring restraints.	5	9.6	36.5	41.3
Confused or disoriented residents.	19	36.5	52.1	58.4
Residents with bed sores.	5	9.6	6.9	7.1
Residents receiving special skin care.	33	63.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOWSER AVENUE HEALTHCARE CENTER

Street Address: 2440 BOWSER AVENUE		**City and State:** FORT WAYNE IN 46803	
Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	61.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	48.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	38.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	19.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	32.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	6.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	12.9	37.1	39.1
Residents requiring restraints.	4	12.9	30.8	31.7
Confused or disoriented residents.	9	29.0	52.2	55.8
Residents with bed sores.	1	3.2	4.4	4.7
Residents receiving special skin care.	1	3.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

<table>
<tr><th rowspan="3">**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.</th><th rowspan="3">FACILITY MET/ NOT MET</th><th colspan="4">NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS</th></tr>
<tr><th colspan="2">STATE</th><th colspan="2">NATION</th></tr>
<tr><th>#</th><th>%</th><th>#</th><th>%</th></tr>
<tr><td>Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.</td><td>MET</td><td>16</td><td>5.2</td><td>255</td><td>4.7</td></tr>
<tr><td>Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.</td><td>MET</td><td>43</td><td>14.0</td><td>748</td><td>13.7</td></tr>
<tr><td>Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.</td><td>MET</td><td>41</td><td>13.4</td><td>601</td><td>11.0</td></tr>
<tr><td>Drugs are administered according to the written orders of the attending physician.</td><td>MET</td><td>128</td><td>41.7</td><td>1385</td><td>25.3</td></tr>
<tr><td>Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</td><td>MET</td><td>71</td><td>23.1</td><td>1045</td><td>19.1</td></tr>
<tr><td>Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.</td><td>NOT MET</td><td>15</td><td>4.9</td><td>269</td><td>4.9</td></tr>
<tr><td>Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.</td><td>MET</td><td>17</td><td>5.5</td><td>311</td><td>5.7</td></tr>
<tr><td>An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.</td><td>MET</td><td>38</td><td>12.4</td><td>481</td><td>8.8</td></tr>
<tr><td>Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.</td><td>NOT MET</td><td>19</td><td>6.2</td><td>479</td><td>8.8</td></tr>
<tr><td>Toilet and bath facilities are clean, sanitary, and free of odors.</td><td>MET</td><td>131</td><td>42.7</td><td>1064</td><td>19.4</td></tr>
<tr><td>All common resident areas are clean, sanitary and free of odors.</td><td>MET</td><td>66</td><td>21.5</td><td>1169</td><td>21.4</td></tr>
<tr><td>All essential mechanical and electrical equipment is maintained in safe operating condition.</td><td>MET</td><td>0</td><td>0.0</td><td>0</td><td>0.0</td></tr>
<tr><td>Resident care equipment is clean and maintained in safe operating condition.</td><td>MET</td><td>0</td><td>0.0</td><td>0</td><td>0.0</td></tr>
<tr><td>Isolation techniques to prevent the spread of infection are followed by all personnel.</td><td>MET</td><td>0</td><td>0.0</td><td>0</td><td>0.0</td></tr>
<tr><td>The facility has available at all times a quantity of linen essential for proper care and comfort of residents.</td><td>MET</td><td>40</td><td>13.0</td><td>267</td><td>4.9</td></tr>
<tr><td>Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.</td><td>NOT MET</td><td>278</td><td>90.6</td><td>2452</td><td>44.8</td></tr>
</table>

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BYRON HEALTH CENTER

Street Address: 12101 LIMA ROAD RR 13	**City and State:** FORT WAYNE IN 46808

Participation: MEDICAID ICF	**# of Beds:** 522	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 436	**Medicare Residents:** 0	**Medicaid Residents:** 291

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	355	81.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	301	69.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	234	53.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	46.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	265	60.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	0.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	86	19.7	26.9	29.3
Completely bedfast residents.	5	1.1	1.1	3.6
Residents confined to chairs.	159	36.5	37.1	39.1
Residents requiring restraints.	181	41.5	30.8	31.7
Confused or disoriented residents.	249	57.1	52.2	55.8
Residents with bed sores.	5	1.1	4.4	4.7
Residents receiving special skin care.	241	55.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVINGTON MANOR INC

Street Address: 5700 WILKIE DRIVE	**City and State:** FORT WAYNE IN 46804

Participation: MEDICAID ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	82.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	89	76.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	63	53.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	27.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	65	55.6	37.1	39.1
Residents requiring restraints.	21	17.9	30.8	31.7
Confused or disoriented residents.	65	55.6	52.2	55.8
Residents with bed sores.	8	6.8	4.4	4.7
Residents receiving special skin care.	46	39.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORT WAYNE NURSING HOME

Street Address: 2402 NORTH BEACON STREET		**City and State:** FORT WAYNE IN 46805	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	72.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	63.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	45.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	31.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	12	54.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	6	27.3	37.1	39.1
Residents requiring restraints.	6	27.3	30.8	31.7
Confused or disoriented residents.	22	100	52.2	55.8
Residents with bed sores.	1	4.5	4.4	4.7
Residents receiving special skin care.	7	31.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN YEARS HOMESTEAD

Street Address: 8300 MAYSVILLE ROAD		**City and State:** FORT WAYNE IN 46815	
Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	45	78.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	71.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	64.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	63.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	36.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	27	47.4	37.1	39.1
Residents requiring restraints.	20	35.1	30.8	31.7
Confused or disoriented residents.	20	35.1	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	3	5.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR HCC

Street Address: 7519 WINCHESTER ROAD	**City and State:** FORT WAYNE IN 46819

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	89.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	56	81.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	56	81.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	81.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	71.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.5	26.9	29.3
Completely bedfast residents.	2	2.9	1.1	3.6
Residents confined to chairs.	4	5.8	37.1	39.1
Residents requiring restraints.	25	36.2	30.8	31.7
Confused or disoriented residents.	49	71.0	52.2	55.8
Residents with bed sores.	5	7.2	4.4	4.7
Residents receiving special skin care.	5	7.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR NORTH

Street Address: 1010 WEST WASHINGTON CENTER ROAD		**City and State:** FORT WAYNE IN 46825	
Participation: MEDICAID ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	83.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	42	70.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	55.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	21.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	13.3	37.1	39.1
Residents requiring restraints.	17	28.3	30.8	31.7
Confused or disoriented residents.	22	36.7	52.2	55.8
Residents with bed sores.	5	8.3	4.4	4.7
Residents receiving special skin care.	9	15.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN VILLAGE HEALTH CTR

Street Address: 2237 ENGLE RD		**City and State:** FORT WAYNE IN 46809	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	96.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	93.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	75.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	55.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	69.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	3.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	27.6	26.9	29.3
Completely bedfast residents.	2	6.9	1.1	3.6
Residents confined to chairs.	14	48.3	37.1	39.1
Residents requiring restraints.	14	48.3	30.8	31.7
Confused or disoriented residents.	25	86.2	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	9	31.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAWTON NURSING HOME

Street Address: 1649 SPY RUN		**City and State:** FORT WAYNE IN 46805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 1	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	67.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	69.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	53.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	63.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	56.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	22.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	39	42.4	47.1	50.8
Residents requiring restraints.	39	42.4	36.5	41.3
Confused or disoriented residents.	31	33.7	52.1	58.4
Residents with bed sores.	6	6.5	6.9	7.1
Residents receiving special skin care.	8	8.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOMES INC

Street Address: 6701 SOUTH ANTHONY BLVD	**City and State:** FORT WAYNE IN 46806

Participation: MEDICAID ICF	**# of Beds:** 396	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 268	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	201	75.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	173	64.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	144	53.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	56.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	157	58.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	0.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	75	28.0	26.9	29.3
Completely bedfast residents.	5	1.9	1.1	3.6
Residents confined to chairs.	98	36.6	37.1	39.1
Residents requiring restraints.	40	14.9	30.8	31.7
Confused or disoriented residents.	111	41.4	52.2	55.8
Residents with bed sores.	7	2.6	4.4	4.7
Residents receiving special skin care.	93	34.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF FORT WAYNE

Street Address: 3811 PARNELL AVENUE	**City and State:** FORT WAYNE IN 46805

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 6	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	73.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	71	94.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	64	85.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	86.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	66.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	36.0	32.5	37.7
Completely bedfast residents.	7	9.3	2.3	3.4
Residents confined to chairs.	35	46.7	47.1	50.8
Residents requiring restraints.	24	32.0	36.5	41.3
Confused or disoriented residents.	25	33.3	52.1	58.4
Residents with bed sores.	14	18.7	6.9	7.1
Residents receiving special skin care.	42	56.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO PLAZA OF FORT WAYNE

Street Address: 3636 NEWPORT		**City and State:** FORT WAYNE IN 46805	
Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	82.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	61.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	56.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	58.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	9	22.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.7	26.9	29.3
Completely bedfast residents.	4	9.8	1.1	3.6
Residents confined to chairs.	14	34.1	37.1	39.1
Residents requiring restraints.	17	41.5	30.8	31.7
Confused or disoriented residents.	22	53.7	52.2	55.8
Residents with bed sores.	11	26.8	4.4	4.7
Residents receiving special skin care.	11	26.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER'S MERRY MANOR

Street Address: 5544 EAST STATE BOULEVARD	**City and State:** FORT WAYNE IN 46815

Participation: MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	61.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	30	73.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	22	53.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	65.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	63.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	15	36.6	47.1	50.8
Residents requiring restraints.	12	29.3	36.5	41.3
Confused or disoriented residents.	15	36.6	52.1	58.4
Residents with bed sores.	4	9.8	6.9	7.1
Residents receiving special skin care.	10	24.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF FORT WAYNE

Street Address: 6006 BRANDY CHASE COVE	**City and State:** FORT WAYNE IN 46815

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 3	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	38.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	96	80.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	98	81.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	44.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	43.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	18	15.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	25.8	32.5	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	20	16.7	47.1	50.8
Residents requiring restraints.	20	16.7	36.5	41.3
Confused or disoriented residents.	49	40.8	52.1	58.4
Residents with bed sores.	7	5.8	6.9	7.1
Residents receiving special skin care.	10	8.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW CARE CTR INC

Street Address: 2827 NORTHGATE BLVD	**City and State:** FORT WAYNE IN 46815

Participation: MEDICAID SNF/ICF	**# of Beds:** 185	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	63	70.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	64	71.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	52	57.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	56.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	51.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	31.1	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	15	16.7	47.1	50.8
Residents requiring restraints.	31	34.4	36.5	41.3
Confused or disoriented residents.	48	53.3	52.1	58.4
Residents with bed sores.	6	6.7	6.9	7.1
Residents receiving special skin care.	21	23.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAINT ANNE HOME

Street Address: 1900 RANDALIA DR		**City and State:** FORT WAYNE IN 46805	
Participation: MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	76.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	110	76.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	96	66.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	75.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	43.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	28.5	32.5	37.7
Completely bedfast residents.	2	1.4	2.3	3.4
Residents confined to chairs.	58	40.3	47.1	50.8
Residents requiring restraints.	34	23.6	36.5	41.3
Confused or disoriented residents.	42	29.2	52.1	58.4
Residents with bed sores.	16	11.1	6.9	7.1
Residents receiving special skin care.	63	43.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THREE RIVERS CONVALESCENT CENTER

Street Address: 2940 NORTH CLINTON STREET	**City and State:** FORT WAYNE IN 46805

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 2	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	68.3	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	75.0	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	55.0	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	51.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	8	13.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	11.7	32.5	37.7
Completely bedfast residents.	3	5.0	2.3	3.4
Residents confined to chairs.	23	38.3	47.1	50.8
Residents requiring restraints.	16	26.7	36.5	41.3
Confused or disoriented residents.	20	33.3	52.1	58.4
Residents with bed sores.	1	1.7	6.9	7.1
Residents receiving special skin care.	10	16.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWNE HOUSE HEALTH CENTER

Street Address: 2209 ST. JOE CENTER RD	**City and State:** FORT WAYNE IN 46825

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	64.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	55	85.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	59.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	65.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	26.6	26.9	29.3
Completely bedfast residents.	1	1.6	1.1	3.6
Residents confined to chairs.	14	21.9	37.1	39.1
Residents requiring restraints.	13	20.3	30.8	31.7
Confused or disoriented residents.	32	50.0	52.2	55.8
Residents with bed sores.	2	3.1	4.4	4.7
Residents receiving special skin care.	11	17.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNIVERSITY PARK NURSING CENTER

Street Address: 1400 MEDICAL PARK DR		**City and State:** FORT WAYNE IN 46825	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	82.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	54	73.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	44.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	14.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.0	26.9	29.3
Completely bedfast residents.	1	1.4	1.1	3.6
Residents confined to chairs.	31	41.9	37.1	39.1
Residents requiring restraints.	22	29.7	30.8	31.7
Confused or disoriented residents.	33	44.6	52.2	55.8
Residents with bed sores.	6	8.1	4.4	4.7
Residents receiving special skin care.	10	13.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW RIDGE LIVING CENTER

Street Address: 2001 HOBSON ST		**City and State:** FORT WAYNE IN 46805	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	56	59.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	55	58.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	51.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	42.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	22.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	36	38.3	47.1	50.8
Residents requiring restraints.	4	4.3	36.5	41.3
Confused or disoriented residents.	49	52.1	52.1	58.4
Residents with bed sores.	9	9.6	6.9	7.1
Residents receiving special skin care.	31	33.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODVIEW HEALTHCARE INC

Street Address: 3420 EAST STATE BLVD	**City and State:** FORT WAYNE IN 46805

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 5	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	78.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	82	82.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	71	71.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	68.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	55.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	22.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	47	47.0	47.1	50.8
Residents requiring restraints.	17	17.0	36.5	41.3
Confused or disoriented residents.	41	41.0	52.1	58.4
Residents with bed sores.	9	9.0	6.9	7.1
Residents receiving special skin care.	7	7.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN HILL MANOR INC

Street Address: 501 NORTH LINCOLN AVENUE	**City and State:** FOWLER IN 47944

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	57.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	88.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	59.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	59.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	69.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	26	61.9	37.1	39.1
Residents requiring restraints.	10	23.8	30.8	31.7
Confused or disoriented residents.	21	50.0	52.2	55.8
Residents with bed sores.	1	2.4	4.4	4.7
Residents receiving special skin care.	7	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW HAVEN

Street Address: P O BOX 797	**City and State:** FRANCESVILLE IN 47946

Participation: MEDICAID ICF	**# of Beds:** 87	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	84.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	97.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	84.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	73.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	5.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	36.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	31.6	37.1	39.1
Residents requiring restraints.	13	34.2	30.8	31.7
Confused or disoriented residents.	10	26.3	52.2	55.8
Residents with bed sores.	1	2.6	4.4	4.7
Residents receiving special skin care.	2	5.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON HOUSE, INC.

Street Address: 809 WEST FREEMAN STREET	**City and State:** FRANKFORT IN 46041

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 3	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	76.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	79	80.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	65	66.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	73.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	58.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.4	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	45	45.9	47.1	50.8
Residents requiring restraints.	21	21.4	36.5	41.3
Confused or disoriented residents.	38	38.8	52.1	58.4
Residents with bed sores.	8	8.2	6.9	7.1
Residents receiving special skin care.	39	39.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKFORT NURSING HOME

Street Address: 1234 ROSSVILLE AVENUE	**City and State:** FRANKFORT IN 46041

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	67.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	20	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	50.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	53.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	67.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	12	42.9	37.1	39.1
Residents requiring restraints.	10	35.7	30.8	31.7
Confused or disoriented residents.	12	42.9	52.2	55.8
Residents with bed sores.	5	17.9	4.4	4.7
Residents receiving special skin care.	11	39.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN HEALTHCARE CENTER INC

Street Address: 1285 WEST JEFFERSON STREET		**City and State:** FRANKLIN IN 46131	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	1	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	83.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	55	71.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	51	66.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	63.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	67.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	28.6	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	46	59.7	47.1	50.8
Residents requiring restraints.	20	26.0	36.5	41.3
Confused or disoriented residents.	17	22.1	52.1	58.4
Residents with bed sores.	11	14.3	6.9	7.1
Residents receiving special skin care.	31	40.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NURSING HOME

Street Address: 1130 NORTH MAIN ST	**City and State:** FRANKLIN IN 46131

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	63.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	81.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	60.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	57.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	60.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	30.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	33.3	37.1	39.1
Residents requiring restraints.	10	30.3	30.8	31.7
Confused or disoriented residents.	12	36.4	52.2	55.8
Residents with bed sores.	1	3.0	4.4	4.7
Residents receiving special skin care.	13	39.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMEVIEW CONVALESCENT CTR

Street Address: 651 S STATE ST		**City and State:** FRANKLIN IN 46131	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	76.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	66.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	63.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	66.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	74.5	26.9	29.3
Completely bedfast residents.	1	2.1	1.1	3.6
Residents confined to chairs.	7	14.9	37.1	39.1
Residents requiring restraints.	18	38.3	30.8	31.7
Confused or disoriented residents.	24	51.1	52.2	55.8
Residents with bed sores.	1	2.1	4.4	4.7
Residents receiving special skin care.	19	40.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TODD-AIKENS HEALTH CENTER

Street Address: 1125 WEST JEFFERSON STREET		**City and State:** FRANKLIN IN 46131	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 39	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	1	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	54.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	25	80.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	26	83.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	71.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	41.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	41.9	32.5	37.7
Completely bedfast residents.	3	9.7	2.3	3.4
Residents confined to chairs.	15	48.4	47.1	50.8
Residents requiring restraints.	8	25.8	36.5	41.3
Confused or disoriented residents.	16	51.6	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	15	48.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELCOME NURSING HOME

Street Address: 1109 N MAIN ST	**City and State:** FRANKLIN IN 46131

Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	78.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	76.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	53.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	55.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	28.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	23	44.2	37.1	39.1
Residents requiring restraints.	17	32.7	30.8	31.7
Confused or disoriented residents.	26	50.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	2	3.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FREELANDVILLE COMMUNITY HOME

Street Address: HIGHWAY 58		**City and State:** FREELANDVILLE IN 47535	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	59.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	39	79.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	57.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	53.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	7	14.3	37.1	39.1
Residents requiring restraints.	19	38.8	30.8	31.7
Confused or disoriented residents.	22	44.9	52.2	55.8
Residents with bed sores.	2	4.1	4.4	4.7
Residents receiving special skin care.	4	8.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GENTLECARE OF FRENCH LICK

Street Address: RR 2 BOX 51	**City and State:** FRENCH LICK IN 47432

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	61.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	70.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	43.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	43.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	54.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	17.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	26	45.6	37.1	39.1
Residents requiring restraints.	16	28.1	30.8	31.7
Confused or disoriented residents.	21	36.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	13	22.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDCO CENTER OF FRENCH LICK

Street Address: EAST COLLEGE AND HIGHWAY 145	**City and State:** FRENCH LICK IN 47432

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 2	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	91.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	66	83.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	58	73.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	75.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	57.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	48.1	32.5	37.7
Completely bedfast residents.	3	3.8	2.3	3.4
Residents confined to chairs.	57	72.2	47.1	50.8
Residents requiring restraints.	14	17.7	36.5	41.3
Confused or disoriented residents.	68	86.1	52.1	58.4
Residents with bed sores.	4	5.1	6.9	7.1
Residents receiving special skin care.	7	8.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 1367 SOUTH RANDOLPH STREET	**City and State:** GARRETT IN 46738

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	76.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	78.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	36	70.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	62.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	60.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	19	37.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	19.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	19.6	37.1	39.1
Residents requiring restraints.	21	41.2	30.8	31.7
Confused or disoriented residents.	23	45.1	52.2	55.8
Residents with bed sores.	1	2.0	4.4	4.7
Residents receiving special skin care.	16	31.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENS GERIATRIC HEALTH CENTER

Street Address: 2052 DELAWARE STREET	**City and State:** GARY IN 46407

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	81.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	84.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	78.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	78.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	78.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	9	27.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	15.2	37.1	39.1
Residents requiring restraints.	5	15.2	30.8	31.7
Confused or disoriented residents.	25	75.8	52.2	55.8
Residents with bed sores.	4	12.1	4.4	4.7
Residents receiving special skin care.	5	15.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRIS HEALTH CARE CENTER

Street Address: 2350 TAFT STREET	**City and State:** GARY IN 46404

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	55.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	66	68.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	60	61.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	44.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	53.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.6	26.9	29.3
Completely bedfast residents.	2	2.1	1.1	3.6
Residents confined to chairs.	44	45.4	37.1	39.1
Residents requiring restraints.	44	45.4	30.8	31.7
Confused or disoriented residents.	58	59.8	52.2	55.8
Residents with bed sores.	6	6.2	4.4	4.7
Residents receiving special skin care.	14	14.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIMMONS LOVING CARE HEALTH FACILITY

Street Address: 700 EAST 21ST AVE		**City and State:** GARY IN 46407	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	60.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	40.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	85.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	20.0	37.1	39.1
Residents requiring restraints.	13	32.5	30.8	31.7
Confused or disoriented residents.	40	100	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTSIDE HEALTH CARE CENTER

Street Address: 353 TYLER STREET		**City and State:** GARY IN 46402	
Participation: MEDICAID ICF	**# of Beds:** 214	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
184	0	174

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	56.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	122	66.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	38.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	37.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	32.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	8.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	48	26.1	37.1	39.1
Residents requiring restraints.	37	20.1	30.8	31.7
Confused or disoriented residents.	102	55.4	52.2	55.8
Residents with bed sores.	8	4.3	4.4	4.7
Residents receiving special skin care.	62	33.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILDWOOD MANOR INC

Street Address: 1964 CLARK ROAD	**City and State:** GARY IN 46404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 7	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	83.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	88	91.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	88	91.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	91.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	91.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	91.7	32.5	37.7
Completely bedfast residents.	4	4.2	2.3	3.4
Residents confined to chairs.	84	87.5	47.1	50.8
Residents requiring restraints.	64	66.7	36.5	41.3
Confused or disoriented residents.	64	66.7	52.1	58.4
Residents with bed sores.	15	15.6	6.9	7.1
Residents receiving special skin care.	40	41.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILDWOOD MANOR MOUNT INC

Street Address: 386 MOUNT STREET		**City and State:** GARY IN 46406	
Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	83.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	52	85.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	62.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	55.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	52.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	23	37.7	37.1	39.1
Residents requiring restraints.	12	19.7	30.8	31.7
Confused or disoriented residents.	35	57.4	52.2	55.8
Residents with bed sores.	4	6.6	4.4	4.7
Residents receiving special skin care.	12	19.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN CITY NURSING HOME

Street Address: 627 EAST NORTH H STREET		**City and State:** GAS CITY IN 46933	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	1	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	63.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	58	78.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	50	67.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	60.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	40.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	7	9.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	56.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	26	35.1	47.1	50.8
Residents requiring restraints.	27	36.5	36.5	41.3
Confused or disoriented residents.	51	68.9	52.1	58.4
Residents with bed sores.	2	2.7	6.9	7.1
Residents receiving special skin care.	24	32.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRYSTAL VALLEY CARE CENTER

Street Address: 1101 W LINCOLN AVE	**City and State:** GOSHEN IN 46526

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	81.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	10	90.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	54.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	54.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	54.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	36.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	36.4	37.1	39.1
Residents requiring restraints.	5	45.5	30.8	31.7
Confused or disoriented residents.	5	45.5	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	8	72.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINVIEW PLACE OF GOSHEN

Street Address: 2400 COLLEGE AVENUE	**City and State:** GOSHEN IN 46526

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 146	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	69.4	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	69.4	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	66.9	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	64.5	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	60.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	25.0	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	48	38.7	47.1	50.8
Residents requiring restraints.	49	39.5	36.5	41.3
Confused or disoriented residents.	42	33.9	52.1	58.4
Residents with bed sores.	10	8.1	6.9	7.1
Residents receiving special skin care.	68	54.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENCROFT NURSING CENTER

Street Address: 1225 GREENCROFT DRIVE	**City and State:** GOSHEN IN 46526

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 3	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	70.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	141	85.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	113	68.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	64.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	63.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	24.2	32.5	37.7
Completely bedfast residents.	4	2.4	2.3	3.4
Residents confined to chairs.	63	38.2	47.1	50.8
Residents requiring restraints.	62	37.6	36.5	41.3
Confused or disoriented residents.	75	45.5	52.1	58.4
Residents with bed sores.	15	9.1	6.9	7.1
Residents receiving special skin care.	0	0.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOSPORT NURSING HOME

Street Address: 27 SOUTH SEVENTH ST		**City and State:** GOSPORT IN 47433	
Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	84.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	57	78.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	67.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	67.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	72.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	41.1	26.9	29.3
Completely bedfast residents.	2	2.7	1.1	3.6
Residents confined to chairs.	35	47.9	37.1	39.1
Residents requiring restraints.	42	57.5	30.8	31.7
Confused or disoriented residents.	42	57.5	52.2	55.8
Residents with bed sores.	3	4.1	4.4	4.7
Residents receiving special skin care.	1	1.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENCASTLE NH

Street Address: 815 E TACOMA	**City and State:** GREENCASTLE IN 46135

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	94.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	13	72.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	72.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	72.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	61.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	16.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	2	11.1	37.1	39.1
Residents requiring restraints.	7	38.9	30.8	31.7
Confused or disoriented residents.	8	44.4	52.2	55.8
Residents with bed sores.	1	5.6	4.4	4.7
Residents receiving special skin care.	3	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY CREEK HEALTHCARE

Street Address: 1306 S BLOOMINGTON ST P O BOX 524		**City and State:** GREENCASTLE IN 46135	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	92.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	30.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	25.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	20.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	30.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	10.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	4	10.0	37.1	39.1
Residents requiring restraints.	5	12.5	30.8	31.7
Confused or disoriented residents.	0	0.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	14	35.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET MANOR NH INC

Street Address: 1109 S INDIANA ST	**City and State:** GREENCASTLE IN 46135

Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	95.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	59	79.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	67.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	67.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	33.8	26.9	29.3
Completely bedfast residents.	1	1.4	1.1	3.6
Residents confined to chairs.	32	43.2	37.1	39.1
Residents requiring restraints.	31	41.9	30.8	31.7
Confused or disoriented residents.	48	64.9	52.2	55.8
Residents with bed sores.	1	1.4	4.4	4.7
Residents receiving special skin care.	7	9.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE HERITAGE HOUSE CONVALESCENT CENTER

Street Address: 1601 HOSPITAL DRIVE		**City and State:** GREENCASTLE IN 46135	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	1	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	39.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	61	74.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	56	68.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	67.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	65.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	29.3	32.5	37.7
Completely bedfast residents.	1	1.2	2.3	3.4
Residents confined to chairs.	43	52.4	47.1	50.8
Residents requiring restraints.	33	40.2	36.5	41.3
Confused or disoriented residents.	50	61.0	52.1	58.4
Residents with bed sores.	3	3.7	6.9	7.1
Residents receiving special skin care.	56	68.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRANDYWINE MANOR

Street Address: 745 NORTH SWOPE STREET	**City and State:** GREENFIELD IN 46140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 3	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	73.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	91	79.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	81	70.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	61.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	88.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	31.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	56	48.7	47.1	50.8
Residents requiring restraints.	53	46.1	36.5	41.3
Confused or disoriented residents.	60	52.2	52.1	58.4
Residents with bed sores.	3	2.6	6.9	7.1
Residents receiving special skin care.	27	23.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESCENT MANOR NH

Street Address: 1310 E MAIN ST		**City and State:** GREENFIELD IN 46140	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	73.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	73.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	52.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	52.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	68.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	42.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	42.1	37.1	39.1
Residents requiring restraints.	7	36.8	30.8	31.7
Confused or disoriented residents.	10	52.6	52.2	55.8
Residents with bed sores.	1	5.3	4.4	4.7
Residents receiving special skin care.	4	21.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF GREENFIELD

Street Address: 200 GREEN MEADOWS DR	**City and State:** GREENFIELD IN 46140

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	**Medicare Residents:** 2	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	142	83.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	128	75.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	117	68.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	87.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	42.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	32	18.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	15.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	61	35.9	47.1	50.8
Residents requiring restraints.	20	11.8	36.5	41.3
Confused or disoriented residents.	63	37.1	52.1	58.4
Residents with bed sores.	9	5.3	6.9	7.1
Residents receiving special skin care.	33	19.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUGAR CREEK CONVALESCENT CENTER

Street Address: R R 7 BOX 70		**City and State:** GREENFIELD IN 46140	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	60.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	48	80.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	32	53.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.3	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	12	20.0	47.1	50.8
Residents requiring restraints.	16	26.7	36.5	41.3
Confused or disoriented residents.	14	23.3	52.1	58.4
Residents with bed sores.	2	3.3	6.9	7.1
Residents receiving special skin care.	17	28.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HOUSE OF GREENSBURG

Street Address: 410 PARK ROAD	**City and State:** GREENSBURG IN 47240

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 3	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	90.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	91	79.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	79	68.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	71.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	60.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	26.1	32.5	37.7
Completely bedfast residents.	2	1.7	2.3	3.4
Residents confined to chairs.	50	43.5	47.1	50.8
Residents requiring restraints.	24	20.9	36.5	41.3
Confused or disoriented residents.	53	46.1	52.1	58.4
Residents with bed sores.	5	4.3	6.9	7.1
Residents receiving special skin care.	55	47.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH LINCOLN VILLAGE

Street Address: 1420 LINCOLN ST	**City and State:** GREENSBURG IN 47240

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	85.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	85.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	64.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	85.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	5	17.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	26.9	29.3
Completely bedfast residents.	1	3.6	1.1	3.6
Residents confined to chairs.	10	35.7	37.1	39.1
Residents requiring restraints.	5	17.9	30.8	31.7
Confused or disoriented residents.	28	100	52.2	55.8
Residents with bed sores.	1	3.6	4.4	4.7
Residents receiving special skin care.	3	10.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ODD FELLOWS HOME

Street Address: RR 8		**City and State:** GREENSBURG IN 47240	
Participation: MEDICAID ICF	**# of Beds:** 111	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	65.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	74	88.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	67	79.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	81.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	76.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	41.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	50	59.5	37.1	39.1
Residents requiring restraints.	42	50.0	30.8	31.7
Confused or disoriented residents.	62	73.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	51	60.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTURY VILLA HEALTH CARE

Street Address: 705 NORTH MERIDIAN STREET	**City and State:** GREENTOWN IN 46936

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	76.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	71.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	71.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	59.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	35.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	26.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	28	66.7	37.1	39.1
Residents requiring restraints.	7	16.7	30.8	31.7
Confused or disoriented residents.	10	23.8	52.2	55.8
Residents with bed sores.	3	7.1	4.4	4.7
Residents receiving special skin care.	10	23.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD CONVALESCENT CENTER

Street Address: 937 FRY RO, PO BOX 1317		**City and State:** GREENWOOD IN 46142	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	95.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	62	93.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	68.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	75.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	54.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	3.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	30.3	26.9	29.3
Completely bedfast residents.	2	3.0	1.1	3.6
Residents confined to chairs.	24	36.4	37.1	39.1
Residents requiring restraints.	26	39.4	30.8	31.7
Confused or disoriented residents.	24	36.4	52.2	55.8
Residents with bed sores.	4	6.1	4.4	4.7
Residents receiving special skin care.	10	15.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD VILLAGE SOUTH

Street Address: 295 VILLAGE LANE		**City and State:** GREENWOOD IN 46142	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	1	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	85.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	68	89.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	63	82.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	73.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	78.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	35.5	32.5	37.7
Completely bedfast residents.	1	1.3	2.3	3.4
Residents confined to chairs.	48	63.2	47.1	50.8
Residents requiring restraints.	32	42.1	36.5	41.3
Confused or disoriented residents.	20	26.3	52.1	58.4
Residents with bed sores.	1	1.3	6.9	7.1
Residents receiving special skin care.	15	19.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF GREENWOOD

Street Address: 1400 WEST MAIN STREET		**City and State:** GREENWOOD IN 46142	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 231	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
203	4	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	158	77.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	155	76.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	132	65.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	62.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	148	72.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	33	16.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	25.6	32.5	37.7
Completely bedfast residents.	12	5.9	2.3	3.4
Residents confined to chairs.	83	40.9	47.1	50.8
Residents requiring restraints.	67	33.0	36.5	41.3
Confused or disoriented residents.	110	54.2	52.1	58.4
Residents with bed sores.	10	4.9	6.9	7.1
Residents receiving special skin care.	51	25.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMMOND NURSING HOME

Street Address: 1402 EAST 173RD STREET	**City and State:** HAMMOND IN 46320

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	100	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	76.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	53.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	59.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	61.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	17.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	16	41.0	37.1	39.1
Residents requiring restraints.	13	33.3	30.8	31.7
Confused or disoriented residents.	6	15.4	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANOVER NURSING CENTER

Street Address: P O BOX 47		**City and State:** HANOVER IN 47243	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
138	3	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	88.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	106	76.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	91	65.9	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	65.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	64.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	54.3	32.5	37.7
Completely bedfast residents.	32	23.2	2.3	3.4
Residents confined to chairs.	43	31.2	47.1	50.8
Residents requiring restraints.	62	44.9	36.5	41.3
Confused or disoriented residents.	105	76.1	52.1	58.4
Residents with bed sores.	10	7.2	6.9	7.1
Residents receiving special skin care.	44	31.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTFORD CITY COMM CARE CENTER

Street Address: 715 NORTH MILL STREET	**City and State:** HARTFORD CITY IN 47348

Participation: MEDICAID ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	66.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	78.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	74.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	82.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	72.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	29.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	26	51.0	37.1	39.1
Residents requiring restraints.	20	39.2	30.8	31.7
Confused or disoriented residents.	27	52.9	52.2	55.8
Residents with bed sores.	2	3.9	4.4	4.7
Residents receiving special skin care.	2	3.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER MERRY MANOR INC

Street Address: R R 2 BOX 53A		**City and State:** HARTFORD CITY IN 47348	
Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	81.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	57	67.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	50	58.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	52.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	52.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	15.3	26.9	29.3
Completely bedfast residents.	1	1.2	1.1	3.6
Residents confined to chairs.	40	47.1	37.1	39.1
Residents requiring restraints.	62	72.9	30.8	31.7
Confused or disoriented residents.	50	58.8	52.2	55.8
Residents with bed sores.	3	3.5	4.4	4.7
Residents receiving special skin care.	21	24.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGHLAND NSG HM

Street Address: 9630 5TH ST	**City and State:** HIGHLAND IN 46322

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	97.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	73.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	68.4	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	68.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	63.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	8	21.1	37.1	39.1
Residents requiring restraints.	18	47.4	30.8	31.7
Confused or disoriented residents.	19	50.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: 2901 WEST 37TH AVENUE	**City and State:** HOBART IN 46342

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 0	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	79.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	125	83.3	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	105	70.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	64.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	66.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	28.7	32.5	37.7
Completely bedfast residents.	3	2.0	2.3	3.4
Residents confined to chairs.	67	44.7	47.1	50.8
Residents requiring restraints.	79	52.7	36.5	41.3
Confused or disoriented residents.	97	64.7	52.1	58.4
Residents with bed sores.	12	8.0	6.9	7.1
Residents receiving special skin care.	52	34.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEBO HERITAGE MANOR NURS HOME

Street Address: 4410 W 49TH ST		**City and State:** HOBART IN 46342	
Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	61.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	35	67.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	61.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	61.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	59.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	17	32.7	37.1	39.1
Residents requiring restraints.	18	34.6	30.8	31.7
Confused or disoriented residents.	18	34.6	52.2	55.8
Residents with bed sores.	1	1.9	4.4	4.7
Residents receiving special skin care.	12	23.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEN JOY CONVALESCENT HOME

Street Address: 133 MAPLE ST	**City and State:** HOPE IN 47246

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	92.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	21	75.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	67.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	64.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	53.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	17.9	26.9	29.3
Completely bedfast residents.	1	3.6	1.1	3.6
Residents confined to chairs.	12	42.9	37.1	39.1
Residents requiring restraints.	12	42.9	30.8	31.7
Confused or disoriented residents.	14	50.0	52.2	55.8
Residents with bed sores.	3	10.7	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR INC

Street Address: R R 1 P.O.BOX 8	**City and State:** HOPE IN 47246

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	56.2	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	47	64.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	58.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	57.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	41.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	15	20.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	26.0	26.9	29.3
Completely bedfast residents.	1	1.4	1.1	3.6
Residents confined to chairs.	20	27.4	37.1	39.1
Residents requiring restraints.	27	37.0	30.8	31.7
Confused or disoriented residents.	41	56.2	52.2	55.8
Residents with bed sores.	1	1.4	4.4	4.7
Residents receiving special skin care.	6	8.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GENTLE CARE OF HUNTINGBURG

Street Address: 26 FOURTH STREET		**City and State:** HUNTINGBURG IN 47542	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 4	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	41.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	37	69.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	32	60.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	60.4	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	60.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	24.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	23	43.4	47.1	50.8
Residents requiring restraints.	24	45.3	36.5	41.3
Confused or disoriented residents.	21	39.6	52.1	58.4
Residents with bed sores.	2	3.8	6.9	7.1
Residents receiving special skin care.	13	24.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTINGBURG CONVALESCENT CENTER INC

Street Address: 1712 LELAND DRIVE		**City and State:** HUNTINGBURG IN 47542	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 4	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	82.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	86	82.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	76	73.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	71.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	15	14.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	38.5	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	26	25.0	47.1	50.8
Residents requiring restraints.	46	44.2	36.5	41.3
Confused or disoriented residents.	69	66.3	52.1	58.4
Residents with bed sores.	9	8.7	6.9	7.1
Residents receiving special skin care.	37	35.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTINGTON NURSING HOME

Street Address: 1425 GRANT STREET	**City and State:** HUNTINGTON IN 46750

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	79.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	23	79.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	48.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	41.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	48.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	3	10.3	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	31.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	34.5	37.1	39.1
Residents requiring restraints.	10	34.5	30.8	31.7
Confused or disoriented residents.	14	48.3	52.2	55.8
Residents with bed sores.	2	6.9	4.4	4.7
Residents receiving special skin care.	4	13.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER S MERRY MANOR INC

Street Address: 1500 GRANT STREET		**City and State:** HUNTINGTON IN 46750	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 169	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
159	4	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	81.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	111	69.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	102	64.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	67.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	60.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	24.5	32.5	37.7
Completely bedfast residents.	2	1.3	2.3	3.4
Residents confined to chairs.	47	29.6	47.1	50.8
Residents requiring restraints.	81	50.9	36.5	41.3
Confused or disoriented residents.	81	50.9	52.1	58.4
Residents with bed sores.	3	1.9	6.9	7.1
Residents receiving special skin care.	20	12.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORWOOD NURSING CENTER

Street Address: 3720 NORTH NORDWOOD RD	**City and State:** HUNTINGTON IN 46750

Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	89.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	62	81.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	53.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	65.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	55.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	27.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	27.6	37.1	39.1
Residents requiring restraints.	25	32.9	30.8	31.7
Confused or disoriented residents.	60	78.9	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	76	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPHA HOME

Street Address: 1910 N SENATE AVE	**City and State:** INDIANAPOLIS IN 46202

Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	50.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	47.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	52.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	55.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	58.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	25	31.3	37.1	39.1
Residents requiring restraints.	15	18.8	30.8	31.7
Confused or disoriented residents.	46	57.5	52.2	55.8
Residents with bed sores.	4	5.0	4.4	4.7
Residents receiving special skin care.	3	3.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICAN VILLAGE HARRISON HALL

Street Address: 2026 EAST 54TH STREET		**City and State:** INDIANAPOLIS IN 46220	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 5	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	82.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	77	90.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	77	90.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	90.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	78.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	12.9	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	76	89.4	47.1	50.8
Residents requiring restraints.	32	37.6	36.5	41.3
Confused or disoriented residents.	60	70.6	52.1	58.4
Residents with bed sores.	7	8.2	6.9	7.1
Residents receiving special skin care.	32	37.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 8350 NAAB ROAD	**City and State:** INDIANAPOLIS IN 46260

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 227	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	**Medicare Residents:** 6	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	79.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	146	86.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	122	72.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	81.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	121	72.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	53.0	32.5	37.7
Completely bedfast residents.	6	3.6	2.3	3.4
Residents confined to chairs.	102	60.7	47.1	50.8
Residents requiring restraints.	68	40.5	36.5	41.3
Confused or disoriented residents.	87	51.8	52.1	58.4
Residents with bed sores.	15	8.9	6.9	7.1
Residents receiving special skin care.	44	26.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER EAST

Street Address: 5600 EAST 16TH STREET	**City and State:** INDIANAPOLIS IN 46218

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 8	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	77.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	84	81.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	82	79.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	75.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	80.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	16	15.5	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	21.4	32.5	37.7
Completely bedfast residents.	3	2.9	2.3	3.4
Residents confined to chairs.	17	16.5	47.1	50.8
Residents requiring restraints.	45	43.7	36.5	41.3
Confused or disoriented residents.	50	48.5	52.1	58.4
Residents with bed sores.	9	8.7	6.9	7.1
Residents receiving special skin care.	28	27.2	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER MIDTOWN

Street Address: 2010 NORTH CAPITOL AVENUE		**City and State:** INDIANAPOLIS IN 46202	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
144	7	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	68.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	111	77.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	113	78.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	75.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	70.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	6	4.2	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	37.5	32.5	37.7
Completely bedfast residents.	2	1.4	2.3	3.4
Residents confined to chairs.	120	83.3	47.1	50.8
Residents requiring restraints.	78	54.2	36.5	41.3
Confused or disoriented residents.	132	91.7	52.1	58.4
Residents with bed sores.	15	10.4	6.9	7.1
Residents receiving special skin care.	18	12.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER SOUTH

Street Address: 8549 SOUTH MADISON AVENUE		**City and State:** INDIANAPOLIS IN 46227	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 3	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	89.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	101	87.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	98	84.5	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	76.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	78.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	27.6	32.5	37.7
Completely bedfast residents.	3	2.6	2.3	3.4
Residents confined to chairs.	34	29.3	47.1	50.8
Residents requiring restraints.	39	33.6	36.5	41.3
Confused or disoriented residents.	68	58.6	52.1	58.4
Residents with bed sores.	3	2.6	6.9	7.1
Residents receiving special skin care.	9	7.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANTHONY HALL NURSING HOME

Street Address: 2135 NORTH ALABAMA	**City and State:** INDIANAPOLIS IN 46204

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	66.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	57.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	19.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	19.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	0	0.0	37.1	39.1
Residents requiring restraints.	2	9.5	30.8	31.7
Confused or disoriented residents.	12	57.1	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	4	19.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN CARE CASTLETON

Street Address: 7630 EAST 86TH STREET		**City and State:** INDIANAPOLIS IN 46256	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	1	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	86.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	62	75.6	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	59.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	69.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	62.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	26.8	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	35	42.7	47.1	50.8
Residents requiring restraints.	19	23.2	36.5	41.3
Confused or disoriented residents.	69	84.1	52.1	58.4
Residents with bed sores.	4	4.9	6.9	7.1
Residents receiving special skin care.	64	78.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARTON HOUSE

Street Address: 505 N DELAWARE AVE		**City and State:** INDIANAPOLIS IN 46204	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	36.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	98	100	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	47	48.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	51.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	51.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.9	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	10.2	37.1	39.1
Residents requiring restraints.	13	13.3	30.8	31.7
Confused or disoriented residents.	58	59.2	52.2	55.8
Residents with bed sores.	2	2.0	4.4	4.7
Residents receiving special skin care.	11	11.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY VILLAGE NURSING HOME

Street Address: 3518 SOUTH SHELBY STREET	**City and State:** INDIANAPOLIS IN 46227

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 1	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	82	82.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	75	75.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	72.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	32.3	32.5	37.7
Completely bedfast residents.	3	3.0	2.3	3.4
Residents confined to chairs.	65	65.7	47.1	50.8
Residents requiring restraints.	29	29.3	36.5	41.3
Confused or disoriented residents.	47	47.5	52.1	58.4
Residents with bed sores.	6	6.1	6.9	7.1
Residents receiving special skin care.	44	44.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROAD RIPPLE NURSING HOME

Street Address: 6127 NORTH COLLEGE AVE		**City and State:** INDIANAPOLIS IN 46220	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	90.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	32	97.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	84.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	84.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	72.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	45.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	20	60.6	37.1	39.1
Residents requiring restraints.	22	66.7	30.8	31.7
Confused or disoriented residents.	22	66.7	52.2	55.8
Residents with bed sores.	4	12.1	4.4	4.7
Residents receiving special skin care.	11	33.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKVIEW MANOR

Street Address: 7145 EAST 21ST STREET	**City and State:** INDIANAPOLIS IN 46219

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	**Medicare Residents:** 2	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	78.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	115	86.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	108	81.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	78.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	75.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	26.3	32.5	37.7
Completely bedfast residents.	7	5.3	2.3	3.4
Residents confined to chairs.	72	54.1	47.1	50.8
Residents requiring restraints.	51	38.3	36.5	41.3
Confused or disoriented residents.	78	58.6	52.1	58.4
Residents with bed sores.	10	7.5	6.9	7.1
Residents receiving special skin care.	15	11.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE HEALTH CARE CENTER

Street Address: 8530 TOWNSHIP LINE ROAD		**City and State:** INDIANAPOLIS IN 46260	
Participation: MEDICARE SNF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	61.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	15	57.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	14	53.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	50.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	50.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	1	3.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	26.9	32.5	37.7
Completely bedfast residents.	1	3.8	2.3	3.4
Residents confined to chairs.	2	7.7	47.1	50.8
Residents requiring restraints.	1	3.8	36.5	41.3
Confused or disoriented residents.	8	30.8	52.1	58.4
Residents with bed sores.	2	7.7	6.9	7.1
Residents receiving special skin care.	8	30.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITAL CARE HEALTHCARE CENTER

Street Address: 2115 CENTRAL	**City and State:** INDIANAPOLIS IN 46202

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	80.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	70.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	45.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	45.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	7.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	32.5	37.1	39.1
Residents requiring restraints.	3	7.5	30.8	31.7
Confused or disoriented residents.	28	70.0	52.2	55.8
Residents with bed sores.	1	2.5	4.4	4.7
Residents receiving special skin care.	9	22.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR CREST HEALTH CENTER

Street Address: 1924 WELLESLY BOULEVARD		**City and State:** INDIANAPOLIS IN 46219	
Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
120	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	57.5	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	92	76.7	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	49.2	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	62.5	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	24.2	26.9	29.3
Completely bedfast residents.	2	1.7	1.1	3.6
Residents confined to chairs.	42	35.0	37.1	39.1
Residents requiring restraints.	61	50.8	30.8	31.7
Confused or disoriented residents.	55	45.8	52.2	55.8
Residents with bed sores.	3	2.5	4.4	4.7
Residents receiving special skin care.	6	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL HEALTHCARE CENTER

Street Address: 55 WEST 33RD STREET	**City and State:** INDIANAPOLIS IN 46208

Participation: MEDICAID ICF	**# of Beds:** 147	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	82.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	54	78.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	71.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	71.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	76.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	20.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	51	73.9	37.1	39.1
Residents requiring restraints.	26	37.7	30.8	31.7
Confused or disoriented residents.	52	75.4	52.2	55.8
Residents with bed sores.	3	4.3	4.4	4.7
Residents receiving special skin care.	8	11.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHURCHMAN MANOR

Street Address: 2860 CHURCHMAN AVE	**City and State:** INDIANAPOLIS IN 46203

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	79.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	79	81.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	57	58.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	50.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	36.1	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	63	64.9	47.1	50.8
Residents requiring restraints.	38	39.2	36.5	41.3
Confused or disoriented residents.	51	52.6	52.1	58.4
Residents with bed sores.	9	9.3	6.9	7.1
Residents receiving special skin care.	26	26.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY HEALTHCARE OF INDIANAPOLIS

Street Address: 2926 NORTH CAPITOL		**City and State:** INDIANAPOLIS IN 46204	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 16	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	81.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	54	83.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	47	72.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	61.5	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	80.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	43.1	32.5	37.7
Completely bedfast residents.	2	3.1	2.3	3.4
Residents confined to chairs.	39	60.0	47.1	50.8
Residents requiring restraints.	30	46.2	36.5	41.3
Confused or disoriented residents.	29	44.6	52.1	58.4
Residents with bed sores.	9	13.8	6.9	7.1
Residents receiving special skin care.	26	40.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINENTAL CONV CENTER

Street Address: 344 SOUTH RITTER AVENUE		**City and State:** INDIANAPOLIS IN 46219	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	69.8	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	43	81.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	39	73.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	73.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	83.0	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	79.2	32.5	37.7
Completely bedfast residents.	4	7.5	2.3	3.4
Residents confined to chairs.	36	67.9	47.1	50.8
Residents requiring restraints.	24	45.3	36.5	41.3
Confused or disoriented residents.	12	22.6	52.1	58.4
Residents with bed sores.	5	9.4	6.9	7.1
Residents receiving special skin care.	19	35.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY TRACE HEALTHCARE CENTER

Street Address: 2140 WEST 86TH ST		**City and State:** INDIANAPOLIS IN 46260	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 197	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	77.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	55	64.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	51	60.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	52.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	58.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.4	32.5	37.7
Completely bedfast residents.	1	1.2	2.3	3.4
Residents confined to chairs.	26	30.6	47.1	50.8
Residents requiring restraints.	18	21.2	36.5	41.3
Confused or disoriented residents.	34	40.0	52.1	58.4
Residents with bed sores.	8	9.4	6.9	7.1
Residents receiving special skin care.	8	9.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVENTRY MANOR

Street Address: 8400 CLEAR VISTA DRIVE		**City and State:** INDIANAPOLIS IN 46256	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	3	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	62.1	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	73	70.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	57	55.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	69.9	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	45.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	14	13.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	25.2	32.5	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	50	48.5	47.1	50.8
Residents requiring restraints.	27	26.2	36.5	41.3
Confused or disoriented residents.	56	54.4	52.1	58.4
Residents with bed sores.	5	4.9	6.9	7.1
Residents receiving special skin care.	37	35.9	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW HEALTH CARE FACILITY

Street Address: 1118 EAST 46TH STREET	**City and State:** INDIANAPOLIS IN 46205

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	54.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	23	54.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	45.2	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	35.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	57.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	11	26.2	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	9.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	14	33.3	37.1	39.1
Residents requiring restraints.	5	11.9	30.8	31.7
Confused or disoriented residents.	13	31.0	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	1	2.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DECATUR RETIREMENT PARK

Street Address: 4851 TINCHER ROAD		**City and State:** INDIANAPOLIS IN 46241	
Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	36.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	35	47.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	35.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	31.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	32.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	17.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	13.5	37.1	39.1
Residents requiring restraints.	25	33.8	30.8	31.7
Confused or disoriented residents.	25	33.8	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	7	9.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL MAR NURSING HOME

Street Address: 709 SOUTH LYNHURST DRIVE	**City and State:** INDIANAPOLIS IN 46241

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	90.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	80.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	90.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	15	50.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	80.0	26.9	29.3
Completely bedfast residents.	4	13.3	1.1	3.6
Residents confined to chairs.	23	76.7	37.1	39.1
Residents requiring restraints.	15	50.0	30.8	31.7
Confused or disoriented residents.	30	100	52.2	55.8
Residents with bed sores.	4	13.3	4.4	4.7
Residents receiving special skin care.	30	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELAWARE HEALTH CARE FACILITY INC

Street Address: 1910 NORTH DELAWARE	**City and State:** INDIANAPOLIS IN 46202

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	65.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	34	82.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	46.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	43.9	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	46.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	48.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	31.7	37.1	39.1
Residents requiring restraints.	4	9.8	30.8	31.7
Confused or disoriented residents.	16	39.0	52.2	55.8
Residents with bed sores.	2	4.9	4.4	4.7
Residents receiving special skin care.	11	26.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAGLE VALLEY HEALTHCARE CENTER

Street Address: 3017 VALLEY FARMS ROAD	**City and State:** INDIANAPOLIS IN 46224

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 2	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	70.7	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	81	81.8	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	81	81.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	56.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	81.8	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	12.1	32.5	37.7
Completely bedfast residents.	12	12.1	2.3	3.4
Residents confined to chairs.	54	54.5	47.1	50.8
Residents requiring restraints.	38	38.4	36.5	41.3
Confused or disoriented residents.	69	69.7	52.1	58.4
Residents with bed sores.	9	9.1	6.9	7.1
Residents receiving special skin care.	33	33.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTSIDE HEALTHCARE CENTER

Street Address: 1302 NORTH LESLEY AVENUE	**City and State:** INDIANAPOLIS IN 46219

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 179	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 1	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	80.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	95	77.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	68	55.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	54.1	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	54.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	8	6.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	29.5	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	6	4.9	47.1	50.8
Residents requiring restraints.	5	4.1	36.5	41.3
Confused or disoriented residents.	3	2.5	52.1	58.4
Residents with bed sores.	2	1.6	6.9	7.1
Residents receiving special skin care.	3	2.5	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERSON NURSING HOME

Street Address: 3420 N EMERSON AVE	**City and State:** INDIANAPOLIS IN 46218

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	56.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	61.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	41.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	38.5	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	43.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	7.7	26.9	29.3
Completely bedfast residents.	6	15.4	1.1	3.6
Residents confined to chairs.	13	33.3	37.1	39.1
Residents requiring restraints.	9	23.1	30.8	31.7
Confused or disoriented residents.	37	94.9	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	2	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINVIEW PL OF INDIANAPOLIS

Street Address: 5353 EAST RAYMOND		**City and State:** INDIANAPOLIS IN 46203	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 223	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 213	**Medicare Residents:** 1	**Medicaid Residents:** 187

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	182	85.4	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	186	87.3	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	57.3	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	57.3	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	61.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	31.9	32.5	37.7
Completely bedfast residents.	3	1.4	2.3	3.4
Residents confined to chairs.	107	50.2	47.1	50.8
Residents requiring restraints.	79	37.1	36.5	41.3
Confused or disoriented residents.	74	34.7	52.1	58.4
Residents with bed sores.	5	2.3	6.9	7.1
Residents receiving special skin care.	72	33.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRAME HOUSE INC

Street Address: 1316 NORTH TIBBS	**City and State:** INDIANAPOLIS IN 46222

Participation: MEDICAID ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	81.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	65	77.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	65.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	53.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	58.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	33.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	22	26.2	37.1	39.1
Residents requiring restraints.	20	23.8	30.8	31.7
Confused or disoriented residents.	35	41.7	52.2	55.8
Residents with bed sores.	1	1.2	4.4	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRAME NURSING HOME

Street Address: 373 N HOLMES AVE		**City and State:** INDIANAPOLIS IN 46222	
Participation: MEDICAID ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	73.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	69	77.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	39.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	36.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	39.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	10.1	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	30	33.7	37.1	39.1
Residents requiring restraints.	29	32.6	30.8	31.7
Confused or disoriented residents.	89	100	52.2	55.8
Residents with bed sores.	1	1.1	4.4	4.7
Residents receiving special skin care.	19	21.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARFIELD PARK HEALTH FACILITY INC

Street Address: 3895 SOUTH KEYSTONE		**City and State:** INDIANAPOLIS IN 46227	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	58.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	48.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	54.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	45.2	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	45.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	37.1	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	5	8.1	37.1	39.1
Residents requiring restraints.	22	35.5	30.8	31.7
Confused or disoriented residents.	40	64.5	52.2	55.8
Residents with bed sores.	3	4.8	4.4	4.7
Residents receiving special skin care.	4	6.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIER MANOR

Street Address: 8181 HARCOURT RD		**City and State:** INDIANAPOLIS IN 46260	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	2	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	70.5	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	85	75.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	82	73.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	72.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	65.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	3.6	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	27.7	32.5	37.7
Completely bedfast residents.	16	14.3	2.3	3.4
Residents confined to chairs.	63	56.3	47.1	50.8
Residents requiring restraints.	44	39.3	36.5	41.3
Confused or disoriented residents.	43	38.4	52.1	58.4
Residents with bed sores.	7	6.3	6.9	7.1
Residents receiving special skin care.	31	27.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALLMARK MANOR NURSING HOME

Street Address: 6851 EAST 10 TH STREET		**City and State:** INDIANAPOLIS IN 46219	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	54.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	23	50.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	39.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	47.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	22	47.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	21.7	26.9	29.3
Completely bedfast residents.	1	2.2	1.1	3.6
Residents confined to chairs.	10	21.7	37.1	39.1
Residents requiring restraints.	14	30.4	30.8	31.7
Confused or disoriented residents.	28	60.9	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	10	21.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOOSIER VILLAGE RETIREMENT CENTER

Street Address: 5300 WEST 96TH STREET		**City and State:** INDIANAPOLIS IN 46268	
Participation: MEDICAID ICF	**# of Beds:** 182	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	59.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	51	94.4	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	61.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	59.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	44.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.9	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	29.6	26.9	29.3
Completely bedfast residents.	3	5.6	1.1	3.6
Residents confined to chairs.	24	44.4	37.1	39.1
Residents requiring restraints.	21	38.9	30.8	31.7
Confused or disoriented residents.	34	63.0	52.2	55.8
Residents with bed sores.	3	5.6	4.4	4.7
Residents receiving special skin care.	26	48.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOOVERWOOD

Street Address: 7001 HOOVER ROAD	**City and State:** INDIANAPOLIS IN 46260

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 163	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 3	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	90.5	78.1	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	71.4	79.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	57.1	69.5	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	87.8	70.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	56.5	63.1	68.2
Residents on individually written bowel and bladder retraining program.	16	10.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	34.0	32.5	37.7
Completely bedfast residents.	2	1.4	2.3	3.4
Residents confined to chairs.	56	38.1	47.1	50.8
Residents requiring restraints.	59	40.1	36.5	41.3
Confused or disoriented residents.	78	53.1	52.1	58.4
Residents with bed sores.	8	5.4	6.9	7.1
Residents receiving special skin care.	80	54.4	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOUSTON VILLAGE INC

Street Address: 5055 W 52 ST PO BOX 229043		**City and State:** INDIANAPOLIS IN 46254	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	50.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	54.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	31.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	31.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	31.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	6	27.3	37.1	39.1
Residents requiring restraints.	2	9.1	30.8	31.7
Confused or disoriented residents.	5	22.7	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	10	45.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIANAPOLIS RETIREMENT HOME, INC

Street Address: 1731 NORTH CAPITOL AVENUE	**City and State:** INDIANAPOLIS IN 46202

Participation: MEDICAID ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	76.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	9	52.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	47.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	58.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	29.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	1	5.9	37.1	39.1
Residents requiring restraints.	5	29.4	30.8	31.7
Confused or disoriented residents.	3	17.6	52.2	55.8
Residents with bed sores.	1	5.9	4.4	4.7
Residents receiving special skin care.	2	11.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEYSTONE HEALTH CARE CENTER

Street Address: 2630 SOUTH KEYSTONE		**City and State:** INDIANAPOLIS IN 46207	
Participation: MEDICAID ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	79.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	46	85.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	42.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	70.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	61.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	70.4	26.9	29.3
Completely bedfast residents.	1	1.9	1.1	3.6
Residents confined to chairs.	15	27.8	37.1	39.1
Residents requiring restraints.	14	25.9	30.8	31.7
Confused or disoriented residents.	15	27.8	52.2	55.8
Residents with bed sores.	6	11.1	4.4	4.7
Residents receiving special skin care.	17	31.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW MANOR

Street Address: 45 BEACHWAY DRIVE	**City and State:** INDIANAPOLIS IN 46224

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 187	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	74.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	146	84.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	116	67.1	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	68.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	121	69.9	63.1	68.2
Residents on individually written bowel and bladder retraining program.	14	8.1	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	41.0	32.5	37.7
Completely bedfast residents.	3	1.7	2.3	3.4
Residents confined to chairs.	77	44.5	47.1	50.8
Residents requiring restraints.	59	34.1	36.5	41.3
Confused or disoriented residents.	96	55.5	52.1	58.4
Residents with bed sores.	7	4.0	6.9	7.1
Residents receiving special skin care.	10	5.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAWRENCE MANOR NH

Street Address: 8935 E 46TH ST	**City and State:** INDIANAPOLIS IN 46226

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	86.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	45	86.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	39	75.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	65.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	75.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	21	40.4	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	46.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	21	40.4	37.1	39.1
Residents requiring restraints.	30	57.7	30.8	31.7
Confused or disoriented residents.	36	69.2	52.2	55.8
Residents with bed sores.	2	3.8	4.4	4.7
Residents receiving special skin care.	2	3.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIFELINES OF INDIANAPOLIS

Street Address: 1707 W 86TH ST, PO BOX 40407		**City and State:** INDIANAPOLIS IN 46240	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
15	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	100	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	15	100	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	14	93.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	93.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	33.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	80.0	32.5	37.7
Completely bedfast residents.	1	6.7	2.3	3.4
Residents confined to chairs.	12	80.0	47.1	50.8
Residents requiring restraints.	1	6.7	36.5	41.3
Confused or disoriented residents.	6	40.0	52.1	58.4
Residents with bed sores.	1	6.7	6.9	7.1
Residents receiving special skin care.	13	86.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOCKERBIE HEALTHCARE CENTER

Street Address: 1629 NORTH COLLEGE		**City and State:** INDIANAPOLIS IN 46202	
Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	51.9	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	23.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	25.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	23.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	13.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	7.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	2	3.8	37.1	39.1
Residents requiring restraints.	5	9.6	30.8	31.7
Confused or disoriented residents.	4	7.7	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	10	19.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYNHURST HEALTHCARE CENTER

Street Address: 5225 W MORRIS ST		**City and State:** INDIANAPOLIS IN 46241	
Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	87.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	70.0	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	55.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	50.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	77.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	2	5.0	37.1	39.1
Residents requiring restraints.	6	15.0	30.8	31.7
Confused or disoriented residents.	24	60.0	52.2	55.8
Residents with bed sores.	1	2.5	4.4	4.7
Residents receiving special skin care.	10	25.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION COUNTY HEALTH CARE CENTER

Street Address: 11850 BROOKVILLE RD		**City and State:** INDIANAPOLIS IN 46239	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 375	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
252	0	208

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	48.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	134	53.2	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	113	44.8	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	39.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	44.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	5	2.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	16.7	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	97	38.5	47.1	50.8
Residents requiring restraints.	47	18.7	36.5	41.3
Confused or disoriented residents.	138	54.8	52.1	58.4
Residents with bed sores.	9	3.6	6.9	7.1
Residents receiving special skin care.	115	45.6	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARQUETTE MANOR

Street Address: 8140 TOWNSHIP LINE ROAD	**City and State:** INDIANAPOLIS IN 46250

Participation: MEDICARE SNF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 28	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	95.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	54	90.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	45	75.0	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	75.0	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	73.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.7	32.5	37.7
Completely bedfast residents.	2	3.3	2.3	3.4
Residents confined to chairs.	19	31.7	47.1	50.8
Residents requiring restraints.	21	35.0	36.5	41.3
Confused or disoriented residents.	40	66.7	52.1	58.4
Residents with bed sores.	2	3.3	6.9	7.1
Residents receiving special skin care.	18	30.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERIDIAN NH

Street Address: 2102 S MERIDIAN ST	**City and State:** INDIANAPOLIS IN 46225

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	68.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	63.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	52.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	65.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	50.0	57.0	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	18.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	16	42.1	37.1	39.1
Residents requiring restraints.	1	2.6	30.8	31.7
Confused or disoriented residents.	20	52.6	52.2	55.8
Residents with bed sores.	1	2.6	4.4	4.7
Residents receiving special skin care.	8	21.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR COMMUNITY

Street Address: 1651 NORTH CAMPBELL STREET	**City and State:** INDIANAPOLIS IN 46218

Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	96.1	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	78	76.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	75	73.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	51.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	53.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	2	2.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	24.5	26.9	29.3
Completely bedfast residents.	2	2.0	1.1	3.6
Residents confined to chairs.	51	50.0	37.1	39.1
Residents requiring restraints.	22	21.6	30.8	31.7
Confused or disoriented residents.	69	67.6	52.2	55.8
Residents with bed sores.	3	2.9	4.4	4.7
Residents receiving special skin care.	28	27.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLERS MERRY MANOR, INC

Street Address: 1700 NORTH ILLINOIS STREET	**City and State:** INDIANAPOLIS IN 46202

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	90.0	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	104	86.7	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	98	81.7	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	71.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	49.2	32.5	37.7
Completely bedfast residents.	11	9.2	2.3	3.4
Residents confined to chairs.	87	72.5	47.1	50.8
Residents requiring restraints.	41	34.2	36.5	41.3
Confused or disoriented residents.	78	65.0	52.1	58.4
Residents with bed sores.	15	12.5	6.9	7.1
Residents receiving special skin care.	50	41.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT ZION GERIATRIC CENTER

Street Address: 3549 BOULEVARD PLACE	**City and State:** INDIANAPOLIS IN 46208

Participation: MEDICAID ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	68.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	72	73.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	50.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	52.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	57.1	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.4	26.9	29.3
Completely bedfast residents.	1	1.0	1.1	3.6
Residents confined to chairs.	48	49.0	37.1	39.1
Residents requiring restraints.	38	38.8	30.8	31.7
Confused or disoriented residents.	41	41.8	52.2	55.8
Residents with bed sores.	2	2.0	4.4	4.7
Residents receiving special skin care.	12	12.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWEST MANOR HEALTHCARE CENTER

Street Address: 6440 WEST 34TH STREET	**City and State:** INDIANAPOLIS IN 46224

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 4	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	67.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	101	75.4	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	97	72.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	71.6	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	62.7	63.1	68.2
Residents on individually written bowel and bladder retraining program.	12	9.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	38.1	32.5	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	86	64.2	47.1	50.8
Residents requiring restraints.	73	54.5	36.5	41.3
Confused or disoriented residents.	88	65.7	52.1	58.4
Residents with bed sores.	11	8.2	6.9	7.1
Residents receiving special skin care.	67	50.0	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW MANOR NURSING HOME

Street Address: 2424 EAST 46TH ST		**City and State:** INDIANAPOLIS IN 46205	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	65.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	51.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	3	10.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	10.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	17.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	3.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	2	6.9	37.1	39.1
Residents requiring restraints.	1	3.4	30.8	31.7
Confused or disoriented residents.	10	34.5	52.2	55.8
Residents with bed sores.	1	3.4	4.4	4.7
Residents receiving special skin care.	10	34.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW LODGE

Street Address: P O BOX 36248	**City and State:** INDIANAPOLIS IN 46236

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	69.7	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	75.8	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	75.8	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	75.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	75.8	57.0	59.1
Residents on individually written bowel and bladder retraining program.	33	100	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	27.3	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	33.3	37.1	39.1
Residents requiring restraints.	6	18.2	30.8	31.7
Confused or disoriented residents.	11	33.3	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	9	27.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY PLACE OF CASTLETON

Street Address: 5226 EAST 82ND STREET	**City and State:** INDIANAPOLIS IN 46250

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	82.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	105	72.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	81	56.3	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	70.8	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	52.1	63.1	68.2
Residents on individually written bowel and bladder retraining program.	27	18.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	25.7	32.5	37.7
Completely bedfast residents.	4	2.8	2.3	3.4
Residents confined to chairs.	67	46.5	47.1	50.8
Residents requiring restraints.	39	27.1	36.5	41.3
Confused or disoriented residents.	70	48.6	52.1	58.4
Residents with bed sores.	15	10.4	6.9	7.1
Residents receiving special skin care.	40	27.8	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RILEY HEALTH CARE FACILITY

Street Address: 901 NORTH EAST STREET		**City and State:** INDIANAPOLIS IN 46202	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	67.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	67.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	35.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	29.7	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	32.4	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	16.2	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	11	29.7	37.1	39.1
Residents requiring restraints.	9	24.3	30.8	31.7
Confused or disoriented residents.	32	86.5	52.2	55.8
Residents with bed sores.	0	0.0	4.4	4.7
Residents receiving special skin care.	7	18.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RITTER HEALTHCARE CENTER

Street Address: 1301 N RITTER AVE		**City and State:** INDIANAPOLIS IN 46219	
Participation: MEDICAID ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	91.5	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	99	84.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	99	84.6	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.6	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	90.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	29.1	26.9	29.3
Completely bedfast residents.	15	12.8	1.1	3.6
Residents confined to chairs.	75	64.1	37.1	39.1
Residents requiring restraints.	32	27.4	30.8	31.7
Confused or disoriented residents.	67	57.3	52.2	55.8
Residents with bed sores.	6	5.1	4.4	4.7
Residents receiving special skin care.	13	11.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RURAL HEALTH CARE FACILITY INC

Street Address: 1747 NORTH RURAL	**City and State:** INDIANAPOLIS IN 46218

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	76.6	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	80.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	44.7	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	55.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	36.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	8.5	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	27.7	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	10	21.3	37.1	39.1
Residents requiring restraints.	11	23.4	30.8	31.7
Confused or disoriented residents.	25	53.2	52.2	55.8
Residents with bed sores.	4	8.5	4.4	4.7
Residents receiving special skin care.	20	42.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCOTT MANOR NH

Street Address: 3405 N SCHOFIELD	**City and State:** INDIANAPOLIS IN 46218

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	83.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	61.1	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	23	63.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	58.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	72.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	13	36.1	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	16.7	26.9	29.3
Completely bedfast residents.	1	2.8	1.1	3.6
Residents confined to chairs.	8	22.2	37.1	39.1
Residents requiring restraints.	11	30.6	30.8	31.7
Confused or disoriented residents.	35	97.2	52.2	55.8
Residents with bed sores.	3	8.3	4.4	4.7
Residents receiving special skin care.	6	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERWOOD CONVALESCENT HOME

Street Address: 3208 NORTH SHERMAN DRIVE		**City and State:** INDIANAPOLIS IN 46218	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	70.0	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	27	67.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	65.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	70.0	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	57.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	20	50.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	20	50.0	37.1	39.1
Residents requiring restraints.	13	32.5	30.8	31.7
Confused or disoriented residents.	21	52.5	52.2	55.8
Residents with bed sores.	3	7.5	4.4	4.7
Residents receiving special skin care.	4	10.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHEASTERN NURSING HOME

Street Address: 4743 SOUTHEASTERN AVE		**City and State:** INDIANAPOLIS IN 46203	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	51.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	74.3	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	62.9	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	54.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	62.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	31.4	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	13	37.1	37.1	39.1
Residents requiring restraints.	10	28.6	30.8	31.7
Confused or disoriented residents.	17	48.6	52.2	55.8
Residents with bed sores.	3	8.6	4.4	4.7
Residents receiving special skin care.	20	57.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHSIDE HEALTHCARE CENTER

Street Address: 525 EAST THOMPSON ROAD	**City and State:** INDIANAPOLIS IN 46227

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 1	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	75.9	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	100	69.0	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	125	86.2	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	55.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	59.3	63.1	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	26.2	32.5	37.7
Completely bedfast residents.	7	4.8	2.3	3.4
Residents confined to chairs.	58	40.0	47.1	50.8
Residents requiring restraints.	36	24.8	36.5	41.3
Confused or disoriented residents.	94	64.8	52.1	58.4
Residents with bed sores.	7	4.8	6.9	7.1
Residents receiving special skin care.	61	42.1	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST AUGUSTINE HOME FOR THE AGED

Street Address: 2345 WEST 86TH STREET	**City and State:** INDIANAPOLIS IN 46260

Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	78.4	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	37	72.5	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	96.1	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	96.1	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	52.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	25.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	35	68.6	37.1	39.1
Residents requiring restraints.	16	31.4	30.8	31.7
Confused or disoriented residents.	22	43.1	52.2	55.8
Residents with bed sores.	2	3.9	4.4	4.7
Residents receiving special skin care.	4	7.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAUL BAPTIST CHURCH HOME FOR AGED

Street Address: 1141-45 NORTH SHEFFIELD AVENUE	**City and State:** INDIANAPOLIS IN 46222

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	73.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	33	78.6	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	29	69.0	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	71.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	35.7	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	19.0	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	14	33.3	37.1	39.1
Residents requiring restraints.	6	14.3	30.8	31.7
Confused or disoriented residents.	21	50.0	52.2	55.8
Residents with bed sores.	1	2.4	4.4	4.7
Residents receiving special skin care.	12	28.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STONE MANOR CONVALESCENT CENTER

Street Address: 8201 WEST WASHINGTON STREET	**City and State:** INDIANAPOLIS IN 46231

Participation: MEDICAID ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	79.8	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	89.4	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	56	59.6	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	62.8	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	48.9	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	16.0	26.9	29.3
Completely bedfast residents.	1	1.1	1.1	3.6
Residents confined to chairs.	55	58.5	37.1	39.1
Residents requiring restraints.	17	18.1	30.8	31.7
Confused or disoriented residents.	72	76.6	52.2	55.8
Residents with bed sores.	5	5.3	4.4	4.7
Residents receiving special skin care.	62	66.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ALTENHEIM COMMUNITY

Street Address: 3525 EAST HANNA AVENUE	**City and State:** INDIANAPOLIS IN 46227

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	92.6	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	66	97.1	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	46	67.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	64.7	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	79.4	63.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	44.1	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	39	57.4	47.1	50.8
Residents requiring restraints.	19	27.9	36.5	41.3
Confused or disoriented residents.	46	67.6	52.1	58.4
Residents with bed sores.	1	1.5	6.9	7.1
Residents receiving special skin care.	41	60.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE FORUM AT THE CROSSING

Street Address: 8505 WOODFIELD CROSSING BOULEVARD	**City and State:** INDIANAPOLIS IN 46240

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	48.4	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	20	64.5	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	16	51.6	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	61.3	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	45.2	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	16.1	32.5	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	15	48.4	47.1	50.8
Residents requiring restraints.	2	6.5	36.5	41.3
Confused or disoriented residents.	5	16.1	52.1	58.4
Residents with bed sores.	3	9.7	6.9	7.1
Residents receiving special skin care.	10	32.3	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THREE SISTERS NURSING HOME, INC

Street Address: 6130 NORTH MICHIGAN ROAD	**City and State:** INDIANAPOLIS IN 46208

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	58.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	44	64.7	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	60.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	60.3	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	63.2	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	36.8	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	31	45.6	37.1	39.1
Residents requiring restraints.	9	13.2	30.8	31.7
Confused or disoriented residents.	25	36.8	52.2	55.8
Residents with bed sores.	4	5.9	4.4	4.7
Residents receiving special skin care.	35	51.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WARREN PARK NURSING HOME

Street Address: 6855 EAST TENTH ST	**City and State:** INDIANAPOLIS IN 46219

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	61.8	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	18	52.9	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	35.3	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	29.4	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	70.6	57.0	59.1
Residents on individually written bowel and bladder retraining program.	4	11.8	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	17.6	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	3	8.8	37.1	39.1
Residents requiring restraints.	7	20.6	30.8	31.7
Confused or disoriented residents.	23	67.6	52.2	55.8
Residents with bed sores.	2	5.9	4.4	4.7
Residents receiving special skin care.	8	23.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER VILLAGE NORTH

Street Address: 11050 PRESBYTERIAN DRIVE		**City and State:** INDIANAPOLIS IN 46236	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	4	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	83.3	78.1	81.5
Dressing Residents requiring some or total assistance in dressing.	59	81.9	79.7	83.2
Toileting Residents requiring some or total assistance in toileting.	55	76.4	69.5	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	72.2	70.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	80.6	63.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	33.3	32.5	37.7
Completely bedfast residents.	3	4.2	2.3	3.4
Residents confined to chairs.	39	54.2	47.1	50.8
Residents requiring restraints.	33	45.8	36.5	41.3
Confused or disoriented residents.	52	72.2	52.1	58.4
Residents with bed sores.	0	0.0	6.9	7.1
Residents receiving special skin care.	7	9.7	31.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	2.1	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	27	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	14	6.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	29	12.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	61	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.9	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	2.6	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.4	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	20.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	136	58.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	82	35.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	16.7	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	76	32.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	62	26.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	19.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	63	26.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	37	15.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	120	51.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	54	23.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	29	12.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	22	9.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	31	13.2	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	18	7.7	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	108	46.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	61	26.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	8.5	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	46	19.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	19	8.1	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	34	14.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	199	85.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTSIDE CHRISTIAN VILLAGE

Street Address: 8616 WEST TENTH STREET		**City and State:** INDIANAPOLIS IN 46234	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	67.3	76.4	78.3
Dressing Residents requiring some or total assistance in dressing.	36	69.2	75.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	61.5	60.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	55.8	60.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	61.5	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	13.5	26.9	29.3
Completely bedfast residents.	0	0.0	1.1	3.6
Residents confined to chairs.	25	48.1	37.1	39.1
Residents requiring restraints.	21	40.4	30.8	31.7
Confused or disoriented residents.	29	55.8	52.2	55.8
Residents with bed sores.	2	3.8	4.4	4.7
Residents receiving special skin care.	18	34.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTVIEW NURSING HOME

Street Address: 5435 WEST 38TH STREET	**City and State:** INDIANAPOLIS IN 46224

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	53.3	76.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	50.0	75.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	30.0	60.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	50.0	60.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	43.3	57.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	4.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	26.7	26.9	29.3
Completely bedfast residents.	1	3.3	1.1	3.6
Residents confined to chairs.	5	16.7	37.1	39.1
Residents requiring restraints.	4	13.3	30.8	31.7
Confused or disoriented residents.	8	26.7	52.2	55.8
Residents with bed sores.	1	3.3	4.4	4.7
Residents receiving special skin care.	6	20.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	4	1.3	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	21	6.8	198	3.6
Each resident is free from mental and physical abuse.	MET	11	3.6	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	39	12.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	62	20.2	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	1.3	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	8	2.6	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	3	1.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	43	14.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	132	43.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	69	22.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	25	8.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	70	22.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	47	15.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	16	5.2	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	43	14.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	41	13.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	41.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	71	23.1	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	15	4.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	5.5	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	38	12.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	131	42.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	66	21.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	40	13.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	278	90.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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Indiana I

Medicare/Medicaid nursing home information.

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